122000 182 733

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	· #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



000405183910

04/04/23--01022--007 **55.00

COVER LETTER

Division of Corporations	
SUBJECT: RTP PRESSURE WASHIN (Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Brenda I Garcia (Contact Person)	_
(Firm/Company)	<u>-</u> ;
3071 Whisper Lake Ln Apt A (Address)	<u>-</u>
Winter Park, FL 32792 (City/State and Zip Code)	_
For further information concerning this matter, please call:	;
Brencla I Garcia at (321 (Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I ☐ \$25 Filing Fee ☐ \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company	is it appears on	the record	s of the Florida	Department
of State is:	TP PRESSURE	WASHI	NG, 1	LLC	·
2. The Florida docu	ument/registration number	assigned to this	limited lia	ibility company	is:
L220	000182733	·			. ,
3. The date this me	mber/manager withdrew/re	esigned or will	withdraw/r	esign is: <u>2/</u> /	18/23
4. I, <u>Brenda</u> (Prini N	I Garcia ame of Person Resigning)	, hereby	withdraw/i	resign as a	; ;
	GER (MGR).			r · · · · · · · · · · · · · · · · · · ·	`.
of this limited lial resignation in wr	bility company and affirm iting.	the limited liab	ility compa	any has been no	otified of my
	1				
Signature of Di	ssociating Member or Res	gning Manage	Γ		
•	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				