122000223443

-941 Country Club BIUD # A - CAPE CUTAL, AC 33:990
- (33990 -
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300390760023

11/29/22--01012--018 **25.00



COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: Precision	Spfe (Name of Limit	wasa ed Liability Com	of 5wfc, LCC
The enclosed member, resignat	ion or dissocia	tion and fee(s)	are submitted for filing.
Please return all correspondence	e concerning the	his matter to:	
Ceruseppe D. W. (Contact Pe	1972 OL8	3	
Preision Space (Firm/Com	was	<u>~</u>	
941 Country (Address	270b B	SIUD B	A
CAPE COTAL, (City/State and	FL Zip Code)	3399	U
For further information concern	ning this matter	r, please call:	
(Name of Contact Pers	0189 son)	at (739 (Area Code	2 497-8616 & Daytime Telephone Number)
Enclosed please find a check m ☐ \$25 Filing Fee	ade payable to		epartment of State for: Fee & Certified Copy
Mailing Address: Registration Section Division of Corporatior P.O. Box 6327 Tallahassee, FL 32314	15		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



November 8, 2022

GIUSEPPE D. MAZZOLA 941 COUNTRY CLUB BLVD UNIT A CAPE CORAL, FL 33990

SUBJECT: PRECISION SAFE WASH OF SWFL LLC

Ref. Number: L22000223443

We have received your document for PRECISION SAFE WASH OF SWFL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You must complete the Dissociation/Resignation form to resign. I am enclosing the form.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

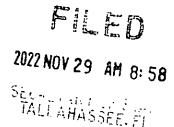
Letter Number: 122A00025074

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

District Constant DO DOV COOR William Bit 11 0001





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 as it appears on the records of the Florida Department
of State is:	Fimited liability company as it appears on the records of the Florida Department Precision Safe WASH OF SWFL, (
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L2200	0223443
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4.1, 6 105eppe	Name of Person Resigning), hereby withdraw/resign as a
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my riting.
Gh	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)