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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Pressuremen of Ocala, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Edward Vasquez (Contact Person)
The Pressuremen of Ocala, LLC (Firm/Company)
13444 N US Hwy 27 unit 2
O(ala, fl, 34482 (City/State and Zip Code)
For further information concerning this matter, please call:
Edward Vasquez at (813) 560-5153 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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	s it appears on the records of the Florida De	epartment
of State is: The	e fressuremen	of O(a)a, LLC	·
2. The Florida docu	iment/registration number a	ssigned to this limited liability company is:	:
L22000	33 8 2 5 8	·	
		signed or will withdraw/resign is: <u>69 / 6 }</u>	1/2022
4. I. <u>13rando</u>	ame of Person Resigning)	, hereby withdraw/resign as a	
	Print Title)		
of this limited liab resignation in wri		ne limited liability company has been notifi	ed of my
f pres	Lan		
Signature of Di	ssociating Member or Resig	ning Manager	
_	\$25.00 (Required) \$30.00 (Optional)	-	2022 Sc
			·