# LD2000389368

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

Office Use Only



600433819736

07/29/24--01018--010 \*\*55.00

TÄLLAHÄSSEE FLORIDA

FILED
2024 JUL 29 AH II: 29

#### **COVER LETTER**

Division of Corporations Southwest Florida Laundry Solutions SUBJECT: (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: Michael Weldon (Contact Person) Southwest Florida Laundry Solutions (Firm/Company) 3250 Bonita Beach Road #205-301 (Address) Bonita Springs, Florida 34134 (City/State and Zip Code) For further information concerning this matter, please call: Michael Weldon 813 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy The state Mailing Address: Street Address: Registration Section Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Registration Section



# FILED

2024 JUL 29 AM 11: 29

TALLAHASSEE, FLORIDA

### 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)

	e limited liability company anwest Florida Laundry Solutions	as it appears on the records of the Florida Department
2. The Florida doc 1.22000389368	ument/registration number	assigned to this limited liability company is:
		esigned or will withdraw/resign is: 07/19/2024
4. 1(Print 8	Same of Person Resigning)	, hereby withdraw/resign as a
Managing Membe	er	
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
FNI	Mul	
Signature of D	issociating Member or Resi	gning Manager
*	\$25.00 (Required) \$30.00 (Optional)	