

L22000482741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

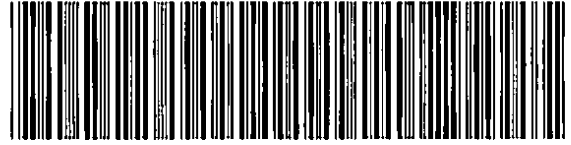
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600392499946

FILED

2022 DEC -6 AM 10:12

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

RECEIVED

2022 DEC -6 PM 3:55

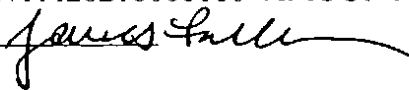
SECRETARY
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: 25.00

AUTHORIZATION SIGNATURE: _____

Trailer Dumpsters LLC L22000482741



Business

Doc. #

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

AMMENDMENTS

___ Ammendment

___ **X** ___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ APOSTIL () ___

___ Other

Country

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAILER DUMPSTER, 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:

MARIE WELLS

(Contact Person)

MILNE & BUCKINGHAM, PA

(Firm/Company)

1912 HAMILTON ST #203

(Address)

JAX FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIE WELLS

(Name of Contact Person)

at (904) 387.5400 x1

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

FILED
2022 DEC -6 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FL

**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: TRAILER DUMPSTERS, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L22000482741

3. The date this member/manager withdrew/resigned or will withdraw/resign is: DEC 6, 2022

4. I, MARIE WELLS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Marie Wells
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)