## L23 0000 51 002

(Re	equestor's Name)	
(Ac	ddress)	<u></u>
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(Ci	ty/State/Zip/Phone	s #)
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· ·

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2023 APR 17 PR 3: 14

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tequesta Detailing LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	eer to the following.
Monique Hegarty	
Name of Person	
Tequesta Detailing LLC	
Firm/Company	
3252 Watercress Court	<u> </u>
Address	
Wellington, FL 33414	.,
City/State and Zip Code	ent File File Pile
momque.wiunik@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
	561 346-9910
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	it:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	••



## 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 record	s of the Florida Department
of State is:	esta Detailing LLC	·	,
2. The Florida docu	ument/registration number	assigned to this limited lia	ability company is:
3. The date this me	mber/manager withdrew/r	esigned or will withdraw/r	resign is: 3/28/23
4 I Timothy Hegarty	,	hereby withdraw/	resion as a
(Print 8	ame of Person Resigning)	, hereby withdraw/	. solg.i us u
Manager			2023 APR 36011 1
•	(Print Title)	•	70 T
of this limited lia resignation in wr		the limited liability compa	iny has been notified of my :
Time of	ssociating Member or Res		- : · · · · · · · · · · · · · · · · · ·
Signature of Di	ssociating Member or Res	igning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		