

L23000068603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

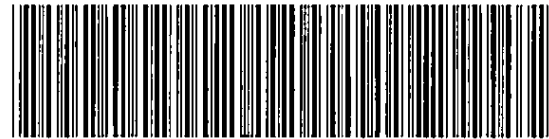
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/23/23--01015--007 \*\*25.00

2023 AUG 23 PM 12:40  
DIVISION OF CORPORATIONS  
CLERK OF STATE

RECEIVED

R. MONT

08/23/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWFL FENCE PRO'S 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:

KEN WEINERT  
(Contact Person)

SWFL FENCE PRO'S LLC  
(Firm/Company)

2816 NW 21ST AVE  
(Address)

CAPE CORAL, FL. 33993  
(City/State and Zip Code)

For further information concerning this matter, please call:

THEODORE RANDOLPH at ( 513 ) 444-8156  
(Name of Contact Person) (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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



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: SWFL FENCE PRO'S LLC

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

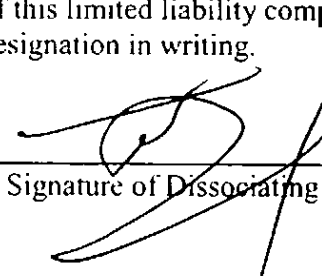
L23000068603

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08202023

4. I, THEODORE J RANDOLPH, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AUTHORIZED MEMBER  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
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