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COVER LETTER

TO: Registration Section Division of Corporations SWEET BEE HOME WATCH SERVICES LLC **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: LYN SCHANTZ (Contact Person) TAX & FINANCIAL STRATEGISTS LLC (Firm/Company) 28089 VANDERBILT DRIVE, SUITE 201 (Address) BONITA SPRINGS, FL 34134 (City/State and Zip Code) For further information concerning this matter, please call: LYN SCHANTZ 405-8395 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy 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



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 Department	
of State is:	ET BEE HOME WATCH SERVI	CES LLC	·	
2. The Florida doc	ument/registration number as	ssigned to this limited liability co	ompany is:	
L23000086601				
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	12/18/2023	
4. I, MARK BISSETTE (Print Name of Person Resigning)		, hereby withdraw/resign as	hereby withdraw/resign as a	
(Print)	lame of Person Resigning)			
AUTHORIZED I				
	(Print Title)		- -	
of this limited lia resignation in wr		e limited liability company has t	peen notified of my	
Mark	Basello		- (;;	
Signature of D	ssociating Member or Resig	ning Manager	ř.	
_	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			