(Requestor's Name)	
(Address)	70042065
(Address)	70042003
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12/27/2301046
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

Registration Section

TO:

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: (Area Code & Daytime Telephone Number) LYN SCHANTZ (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 Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 as it appears on the records of EET BEE HOME WATCH SERVICES LLC	the Florida Department
	cument/registration number assigned to this limited liabili	ty company is:
3. The date this m	neinber/manager withdrew/resigned or will withdraw/resigned	12/18/2023 en is:
CVNTUIA DIC	•	
AUTHORIZED	MEMBER	
	(Print Title)	7.`
of this limited lia resignation in w	ability company and affirm the limited liability company lariting.	has been notified of my
Cumthi	ia Rissetta	τ
Signature of D	Dissociating Member or Resigning Manager	
	\$25.00 (Required) \$30.00 (Optional)	