## L23000150737

(R	equestor's Name)			
(A	ddress)			
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(C)	ity/State/Zip/Phone #j	)		
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TALLAHASSEE, FLORIDA

024 JUL 30 PM 1:

## **COVER LETTER**

TO:	_	stration Section ion of Corporations		
SUBJ	ECT:	BLUBIN DUMPSTER LLC		
	(Name of Limited Liability Company)			
The en	nclosec	l member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning t	his matter to:	
PATR	ICIA NU	JNES		
·		(Contact Person)	-	_
TAX S	SOLUTI	ONS & BOOKKEEPING		
		(Firm/Company)		_
7751 <b>F</b>	KINGSP	OINTE PKWY SUT 119		
<del></del>		(Address)		-
ORLA	NDO, F	1. 32819		
		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this matte	r. please call:	
PATR	ICIA NU	JNES	407 at (	930-0829
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
	Regis Divis P.O.	ng Address: Stration Section tion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



## FILED

2024 JUL 30 PM 1: 14

FLORIDA DEPARTMENT OF STAFFILL AHASSEE, FLORIDA DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	The name of the limited liability company as it appears on the records of the Florida Department of State is:
	The Florida document/registration number assigned to this limited liability company is: 1.23000150737
	The date this member/manager withdrew/resigned or will withdraw/resign is: 07/05/2024  SL3 LLC
4.	. hereby withdraw/resign as a  (Print Name of Person Resigning)  AMBR  (Print Title)
	f this limited liability company and affirm the limited liability company has been notified of my esignation in writing.
	Signature of Dissociating Member or Resigning Manager