

L23000260424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

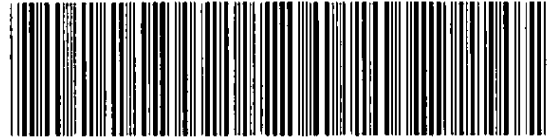
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 OCT 18 PM 12:40

R. HUNT

10/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYOWNER MULTI SERVICE 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:

WAYNE A BOYNES SR
(Contact Person)

MYOWNER MULTI SERVICE LLC
(Firm/Company)

2920 MARTHA LANE
(Address)

LAND O LAKES FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

WAYNE A BOYNES SR at (813) 465-8404
(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

2023 OCT 18 PM 12:40

FLORIDA
DEPARTMENT 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: MY OWNER MULTI SERVICE LLC

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

L 23000260424

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-28-23

4. I, WAYNE A BOYNES JR, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS