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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>Got 2 bo Pemo &amp; Junk UC</u> (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:
Jeffres Franklin (Contact Person)
Legary (apital il
3590 Mystic Pointe Pr
Aventura, FL 33/80 (City/State and Zip Code)
For further information concerning this matter, please call:
) ethy Frankla at (35) 798-7574  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\subset}\$\$ \$25 Filing Fee & Certified Copy
Mailing Address: Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 of State is:							Florida D	epartm	nent 
2. The Florida docu	iment/registra		_	ned to thi	s limited	liability co	mpany is	s:	
3. The date this me	mber/manage	r withdrew/	resigne	d or will	withdraw	//resign is:	10/1	7 /Z	3
4. I, legar	ume of Person R	1 LLC esigning)	<u></u>				a		
of this limited lial	(Print Title)			nited liab	ility com	pany has b	een notif	_	my my
resignation in wri	iting.				•	• •	· -	3 AM II: 45	jų.
Signature of D	sociating Me	mber or Re	signing	Manage	Γ			വ	
Filing Fee: Certified Copy:									