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TALLAHASSEE, FLORIDA

2023 OCT 16 PH12: 2

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: DS PRISTINE (LEAN (Name of Limited Liability Co.)	mpany)
The er	nclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to:	
	Sarah Phillips (Contact Person)	
	Pristine (lean (Firm/Company)	_
30	2 NW Dates Ave Apt-1020 (Address)	_
For4	Walton Black, Plonicla 32548 (City/State and Zip Code)	_
For fu	rther information concerning this matter, please call:	
	(Name of Contact Person) at (850) (Area Code) <u>598 6953</u> : & Daytime Telephone Number)
_	sed please find a check made payable to the Florida I 5 Filing Fee S55 Filing	Department of State for: g 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



FILED

2023 OCT 16 PM 12: 25

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 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:]	D&S Pristine Clean LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
<u> L2300</u>	70277464
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 10/11/23
4. I, <u>Sara</u> (Print N	hereby withdraw/resign as a dame of Person Resigning)
Man	1967-C (Prini Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Son	issociating Member or Resigning Manager
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)