L23000304630

(Requestor's Name)					
(Address)					
(//34/033)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900436463239

03/13/24--01027--027 **55.00

2024 SEP 13 PM 3:

COVER LETTER

TO:	Regis	stration Section				
	_	ion of Corporations				
SUBJI	ECT:	FL SITE SERVICES LLC				
		(Name of Limited Liability Company)				
The er	nclosed	l member, resignation or disso	ciation and fee(s) are submitted for filing.		
Please	return	all correspondence concerning	g this matter to:	:		
MICHA	AEL HA	ALUNEN				
		(Contact Person)		_		
FL SIT	E SERV	/ICES LLC				
		(Firm/Company)		_		
14439 (GUS C	r				
		(Address)		_		
PORT	CHARL	OTTE FL 33981				
		(City/State and Zip Code)		_		
For fu	rther ir	nformation concerning this ma	tter, please call:			
MICHA	AEL HA	LUNEN	941 at (468-6342		
	(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)		
` '		ase find a check made payable				
¥ \$25	Filing	g Fee	\$55 Filin	g Fee & Certified Copy		
		g Address:		Street Address:		
Registration Section				Registration Section		
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
		hassee, FL 32314		2415 N. Monroe Street, Suite 810		
	iana	1105500, 14. 52514		Tallahassee, FL 32303		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
2024 SEP 13 PM 3: 56
TALLAHASSEE, FLORIDA

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 the Florida Department
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L23000304630		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: 06/30/2024
4. I,	. – . – – –	, hereby withdraw/resign as a
	Name of Person Resigning)	
AMBR		
	(Print Title)	
of this limited lia resignation in w		the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	