

L24000160398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

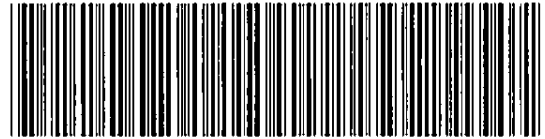
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700432935817

07/12/24--01038--027 \*25.00

RECEIVED  
OFFICE OF COMPTROLLER  
OF APASSETT, VERMONT

2024 JUL 22 PM 12:56

2024 JUL 22

A. PARISHANI

JUL 27 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quik Bath 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:

Michael Goldsworthy

(Contact Person)

(Firm/Company)

222 Harbour Dr. Unit 102

(Address)

Naples FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Goldsworthy

(Name of Contact Person)

941 5002370  
at ( )

(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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

2024 JUL 22 PM 12:56

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2024 JUL 22 PM 12:56  
FACILITY OF STATE  
DIVISION OF CORPORATIONS  
TAMPA, FLORIDA

**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: Quik Bath LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000160398

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/01/24

4. I, Matthew Howard, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
member  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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