# L24000328952

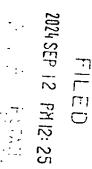
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
J. HORNE SEP 1 & 2024

Office Use Only



300436097313

09/12/24--01824--018 \*\*55.00



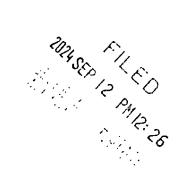
#### **COVER LETTER**

Division of Corporations	
Over The Top Tree Svc LLC SUBJECT:	
(Name	e of Limited Liability Company)
The enclosed member, resignation or o	dissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
Stephen Zurek	
(Contact Person)	
(Firm/Company)	<del></del>
1009 Terry Dr.	
(Address)	
Avon Park, FL 33825	
(City/State and Zip Code	:)
For further information concerning thi	is matter, please call:
Stephen Zurek	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made page	yable to the Florida Department of State for:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

CR2E079 (2/14)





## 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)

	e limited liability company as it appears on the records of the Florida Departmenter THE TOP TREE SVC LLC
	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
Kirk A Thomps	юв, Jr. hereby withdraw/resign as a
(Print	Name of Person Resigning), hereby withdraw/resign as a
Authorized Person	on (AP)
	(Print Title)
of this limited lie resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Hert	Thompson gr
Signature of D	Pissociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Over The Top Tree Svc LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Stephen Zurek	
(Contact Person)	<del></del>
(Firm/Company)	<del></del>
1009 Terry Dr.	
(Address)	
Avon Park, FL 33825	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Stephen Zurek	321 217-1281
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$\Boxed{1}\$ \$25 Filing Fee \$	
□ J2J I mig r ec	■ \$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
. ananassee, 1 <u>D 3231</u> 7	Tallahassee, FL 32303

CR2E079 (2/14)





## 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)

	limited liability company as it appears on the records of the Florida Departme
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: September 8, 2024
	n, Jr, hereby withdraw/resign as a ame of Person Resigning)
Authorized Perso	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of miting.
Ach	Ssociating Member or Resigning Manager
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)