

L24000347516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

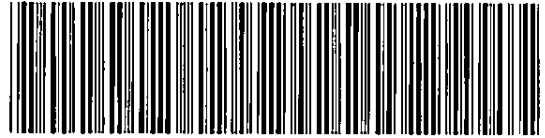
(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Top End Improvements 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:

Curtis Smotryski

\_\_\_\_\_  
(Contact Person)

Top End Improvements

\_\_\_\_\_  
(Firm/Company)

17031 Urban Ave

\_\_\_\_\_  
(Address)

Port Charlotte, FL 33954

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Curtis Smotryski

941 3696646  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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

FILED  
2024 AUG 16 PM 3:10  
STATE OF 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: Top End Improvements LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000347576

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/14/2024

4. I, Chanci Smotryski, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR manager  
(Print Title)

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

Chanci Smotryski

Signature of Dissociating Member or Resigning Manager

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