# M21000014662

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





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2021 NOV 19 AM 7: 17 SECRETARY OF STATE TALLAMASSEE, FL

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DEC 0 8 2021

#### **COVER LETTER**

TO: Registration Section Division of Corporations	, ;
SUBJECT: GOOD AND SERVICE	CES LLC (Name of Limited Liability Company)
	on or dissociation and fee(s) are submitted for filing.
Please return all correspondence	
MICHELLE JELEN	
(Contact Pers	on)
GOODS AND SERVICES LLC (Firm/Compa	ny)
234 MOSHER AVE	
WOODMERE NY, 11598 (City/State and Zi	p Code)
For further information concerning	ng this matter, please call:
MICHELLE JELEN (Name of Contact Person	at (516 ) 710-4301 (Area Code & Daytime Telephone Number)
Enclosed please find a check mad □ \$25 Filing Fee	le payable to the Florida Department of State for:  \$\Boxed{\Boxes} \$\$ \$55 \text{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

CR2E079 (2/14)



### FILED 2021 NOV 19 AM 7: 17

## SECRETARY OF STATE FLORIDA DEPARTMENT OF STATELLAHASSEE, FL. 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: GOOD AND SERVICES LLC
2. The Florida document/registration number assigned to this limited liability company is:
M21000014662
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/4/2021
4. I. MONROE MANN , hereby withdraw/resign as a (Print Name of Person Resigning)
AUTHORIZED PERSON (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
Signature 1 1 1330 clating intended of itesigning intallager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)