M23000003794

(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:		
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Office Use Only



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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 of Repair Services, LLC	on the records of the Florida Department
2. The Florida docu M23000003794	iment/registration number assigned to the	nis limited liability company is:
3. The date this me	mber/manager withdrew/resigned or wi	I withdraw/resign is:
Bryan Garrett	ame of Person Resigning) . hereb	
Treasurer	(Print Title)	
of this limited liab	· · · · · · · · · · · · · · · · · · ·	ability company has been notified of my
Signature of Di	ssociating Member or Resigning Manag	ger
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

COVER LETTER

Division of Corporations	
Morrow Repair Services, LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
Sue Phillips	
(Contact Person)	
Morrow Repair Services, LLC	
(Firm/Company)	
7450 Cahaba Valley Rd	
(Address)	
Birmingham, AL 35242	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Sue Phillips	205 991-7222 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303