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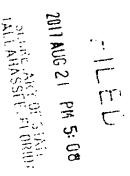
(Rec	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	

Office Use Only



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K. SALY AUG 23 2017

COVER LETTER ,

TO: Registration Section Division of Corporations		
SUBJECT: Lopeparo All Purpose Drywall, LL		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Carlo Lo p. Garo		
3		
Logeparo All Purposi Drywal, CC		
7851 Saddle Creek Trl		
Sarasota, Fl. 34241		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Carlo Copeparo at 941,376-8723		
(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		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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)

of State is: Uplace All Purpose Tywal, LC.
2. The Florida document/registration number assigned to this limited liability company is: $L15000173979$
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/2017
4.1. TWAT CITITE , hereby withdraw/resign as a
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Stem Carda
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)