

L16 000151 572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

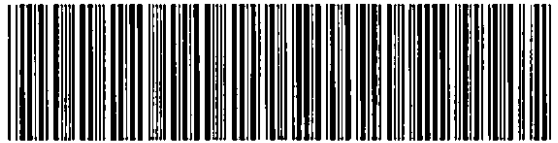
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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AUG 13 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA PLYWOOD AND LUMBER 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:

RENAN RODRIGUES  
\_\_\_\_\_  
(Contact Person)

CSG - CAPITAL SERVICES GROUP INC  
\_\_\_\_\_  
(Firm/Company)

6735 CONROY RD UNIT 305  
\_\_\_\_\_  
(Address)

ORLANDO, FLORIDA 32835  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RENAN RODRIGUES at ( 407 ) 770-5776  
\_\_\_\_\_  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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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)

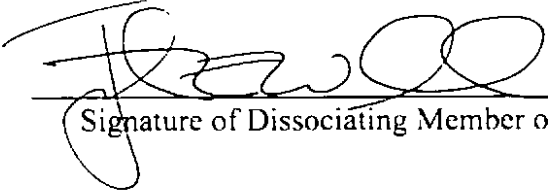
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CENTRAL FLORIDA PLYWOOD AND LUMBER LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000151572

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/26/2020

4. I, JONATHON WALSH, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(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

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

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TALLAHASSEE, FL

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