

L16000 171 374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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19 OCT -7 PM 2:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

OCT 9 2019
T. SCHNEIDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M MERLO MILLWORK LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAMFREDO REYES

Name of Person

Firm/Company

19851 SW 114TH Ave Suite 302

Address

Miami FL 33157

City/State and Zip Code

reyesjmamfredo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mamfredo Reyes

786

2780713

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

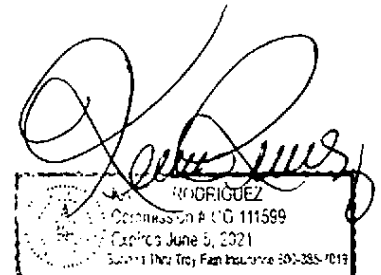
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy





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: M MERLO MILLWORK LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000171374

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-10-2019

4. I, ARLEY MENDOZA BANOS, 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)

FILED
19 OCT -7 PM 2:20
STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/15/2019 BY 60322
KARLA RODRIGUEZ
Commission # GC 111569
Expires June 5, 2021
Bureau of Financial Services
Bureau of Financial Services