

L19000 101281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

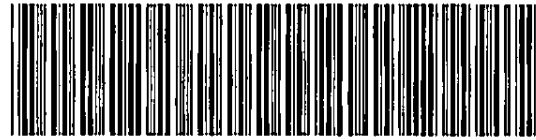
(Business Entity Name)

(Document Number)

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19 SEP 30 PM 12: 02  
DIVISION OF CORPORATIONS  
STATE OF MARYLAND

*disc of member*

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D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRONG QUALITY PAINTING, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HELEN D ACEVEDO LOPEZ  
(Contact Person)

STRONG QUALITY PAINTING, LLC  
(Firm/Company)

11830 CROCKETT CT  
(Address)

ORLANDO, FL, 32824  
(City/State and Zip Code)

For further information concerning this matter, please call:

HELEN D ACEVEDO LOPEZ at (407) 452-9692  
(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

**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

FILED  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
19 SEP 30 PM 12: 02



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: STRONG QUALITY PAINTING, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000101281

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/25/2019

4. I, JUAN A SANCHEZ HERRERA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 SEP 30 PM 12: 02

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