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(Requestor's Name	=)		
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PICK-UP WAIT	MAIL		
(Business Entity N	ame)		
(Document Numbe	er)		
Certified Copies Certificat	es of Status		
Special Instructions to Filing Officer:			





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C. BRUMBLEY DEC 20 2021

COVER LETTER

TO: Registration Section **Division of Corporations** MOVE PAINTING LLC SUBJECT: (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: JOHN FELIZ (Contact Person) MOVE PAINTING LLC (Firm/Company) 340 W Flagler Street, suite 511 (Address) MIAMI, FL 33130 (City/State and Zip Code) For further information concerning this matter, please call: 609 576-9813 JOHN FELIZ (Area Code & Daytime Telephone Number) (Name of Contact Person) Englosed please find a check made payable to the Florida Department of State for: ☑ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Street Address:** Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303



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)

MOV	limited liability company as E PAINTING LLC		ds of the Florida Departmen
2. The Florida doci	ument/registration number a	ssigned to this limited li	ability company is:
	- 	 '	09/01/2021
3. The date this me HOWARD WHE	ember/manager withdrew/res ELOCK	signed or will withdraw/i	resign is:
4. I,(Print N AMBR	lame of Person Resigning)	, hereby withdraw/	/resign as a
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	he limited liability comp.	eany has been notified of my $\frac{20210EC}{3300}$
Signature of D	issociating Member or Resig	gning Manager	
_	\$25.00 (Required)		ED AH 9:30
Certified Copy:	\$30.00 (Optional)		30