

L23 000 393 898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

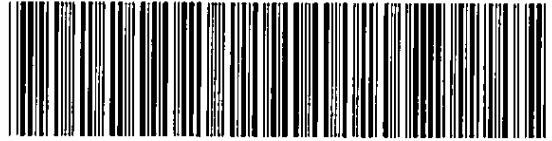
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

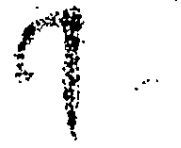


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2024 FEB - 8 PM 2:39
SECRETARY OF STATE
MAIL ROOM

COVER LETTER



TO: Registration Section
Division of Corporations

Monster Demolition, 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:

Shanna Lastra

(Contact Person)

Monster Demolition, LLC

(Firm/Company)

PO Box 800931

(Address)

Aventura, FL 33180

(City/State and Zip Code)

2024 FEB - 8 PM 2:39
SECRETARY'S OFFICE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Shanna Lastra 305 206-0271

(Name of Contact Person) at (_____) _____
(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

