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Office Use Only



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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 33/180 (City/State and Zip Code) For further information concerning this matter, please call: Shanna Lastra 305 206-0271 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

Mailing Address:

■ \$25 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

□ \$55 Filing Fee & Certified Copy

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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)

1. The name of th	e limited liability company a	s it appears on the records of the Florida Departmen
of State is:		
2. The Florida do L23000393839	cument/registration number a	assigned to this limited liability company is
3. The date this m Shanna Lastra	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I,(Print . MGR	Name of Person Resigning)	, hereby withdraw/resign as a Tible 39
	(Print Title)	
of this limited lia resignation in w	ability company and affirm the riting. What was a sure of the company and affirm the riting.	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	