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(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Florida Storm Danel Supply; LLC (Name of Limited Liability Company)				
(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:				
Mario Callejos (Contact Person)				
Florida Storm Dane / Supply LLC (Firm/Company)				
14475 NW 26 th Avc (Address)				
Opa Locka, FL 33054 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Marro Callejas at (305) 695-9000 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Carta Code & Daytine Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314				

Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 limit	ited liability company as it appears on the records of the Florida D	epartment
of State is:Flor	orida Storm Ponel Supply, LLC	<u> </u>
2. The Florida documen	nt/registration number assigned to this limited liability company is	8:
L130001	70952	
	er/manager withdrew/resigned or will withdraw/resign is: Dec	31,2017
4. I. <u>Marvelis</u> R	of Person Resigning), hereby withdraw/resign as a	
M6R (Print	nt Title)	
of this limited liability resignation in writing.	y company and affirm the limited liability company has been notif	ied of my
Manulis Redu Signature of Dissoci	cialing Member or Resigning Manager	DIWISION 18 HAR
Filing Fee: \$ Certified Copy: \$		FILED STATE