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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SELECTOR SEE SEE SEE

COVER LETTER

TO: Registration Section Division of Corporations	
M & R Concultants & Developers, LLC SUBJECT:	
SUBJECT: (Name of Limited Liab	sility Company)
The enclosed member, resignation or dissociation a	
Please return all correspondence concerning this ma	itter to:
Carmen Dominguez	
(Contact Person)	
C&D Professional Services, Inc.	
(Firm/Company)	
11011 SW 69 Drive	·
(Address)	
Miami, FL 33173	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Carmen Dominguez 786	
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for:
	5 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 816
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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department
of State is:	FLORIDA WATER RESTORATION. LLC
2. The Florida doc	rument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. 1, KURT BARRI	
AMBR	
	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
	Atr
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)