# 104000078717

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Namo	e)
(D	ocument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300252270803

300252270803 10/07/13-01035-014 \*\*\$5.00

20:0 OCT -7 PM 2: 0

(OCT 0.8 2013

D. TO! 10E

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: PIRES & NEVES ENTENPMSES, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BENVINDO NEVES
(Contact Person)

PINES & NEVES ENTERPRISE, LLC
(Firm/Company)

2544 Jasmine & On
(Address)

KISSIMMER FL 34758
(City/State and Zip Code)

2018 OCT -7 PM 2: 0

For further information concerning this matter, please call:

SENVINDO NEVES at (407) 718-6166 (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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Flori of State is: PIRES & NEVES ENTERPHISE,	-		ıt
2. This limited liability company was organized under the laws of:  FIORIDA.	The state of the s	2848 OCT -	Andreas Contract Contract
3. The Florida document/registration number of this limited liability company is:  L040000787//7	GROTA 31ST	7 PM 2:01	le wre
4. I, BENVINDS NEVES, hereby resign as a MNG (Print Name of Person Resigning) (Print Name of Person Resigning)	t Title)		
of this limited liability company and affirm the limited liability company has been resignation in writing.  9-4-2013  Signature of Resigning Member, Managing Member or Manager	notified	of my	Ý

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)