## 605000 11772

(Requestor's Name)					
(Address)					
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PICK-UP WAIT	MAIL				
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	Monalisa Picture Framing, LLC		
	(Name of Lim	nited Liability Company)	
The e	nclosed member, resignation or dissoci	nation and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to:	
Walter	r O. Hobbs Esq.		
	(Contact Person)		
Hobbs	and Hobbs, P.L.		
	(Firm/Company)		
3818 \	W. Azcele Street		
	(Address)		
Tampa	ı, FL 33609		
	(City/State and Zip Code)	<del></del>	
For fu	orther information concerning this matt	ter, please call:	
Walter	O. Hobbs	813 879-8333 ext. 1	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
	sed please find a check made payable t 5 Filing Fee	to the Florida Department of State for:   \$\sum \\$55 \text{ 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 8 Tallahassee, FL 32303	310



## 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)

	limited liability company as lisa Picture Framing, LLC	it appears on the records of t	the Florida Department
2. The Florida docu L05000117722	nment/registration number as	ssigned to this limited liabilit	y company is:
		igned or will withdraw/resign	12/31/2021
4. I, Dale E. Wellhofe (Print N	ame of Person Resigning)	, hereby withdraw/resig	n as a
Manager			
of this limited lial resignation in wri	· · ·	e limited liability company h	as been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		20 6211148