

L 07000623957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700162685787

700162685787  
11/24/09--01046--008 \*\*25.00

FILED  
09 NOV 24 AM 10:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

NOV 25 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAMA FLOORING SERVICES 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:

WASHINGTON SARDELLA  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

761 NW 122 CT  
(Address)

Miami FL 33182  
(City/State and Zip Code)

For further information concerning this matter, please call:

WASHINGTON SARDELLA at (561) 6745456  
(Name of Contact Person) (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



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 Florida Department of State is: DAMA FLOORING SERVICES LLC

2. This limited liability company was organized under the laws of:

STATE OF FLORIDA, USA

3. The Florida document/registration number of this limited liability company is:

LO7000023957

4. I, WASHINGTON NSARUELA, hereby resign as a PARTNER, MEMBER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
09 NOV 24 AM 10:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS