(Red	questor's Name)		
(Address)			
(Add	dress)		
(City/State/Zip/Phone #)			
PICK-UP	W AIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations			
SUBJECT: H NAVARRO MAINTENA	NCE, LLC		
	(Name of Limited Liability Company)		
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:		
HECTOR NAVARRO			
(Contact Person)		-	
H NAVARRO MAINTENANCE, LLC			
(Firm/Company)		_	
2534 HOLLY BERRY CIRCLE			
(Address)		_	
CLERMONT, FL 34711			
(City/State and Zip Code)			
For further information concerning this ma	itter, please call:		
HECTOR NAVARRO	352	552-6749	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	



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 limited liability company as it of State is: H NAVARRO MAINTENANCE,	appears on the records of the Florida Department LLC
2. The Florida document/registration number assi L07000027986	gned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I, ADRIANA NAVARRO	ned or will withdraw/resign is: 08/15/2014, hereby withdraw/resign as a
(Print Name of Person Resigning) MGRM (Print Title)	
,	limited liability company has been notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: