

LO7 000060935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

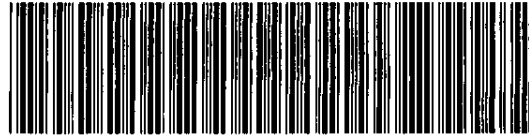
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 21 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2011

PROFESSIONAL MOLD REMOVERS
931 S.W. 99 PLACE
MIAMI, FL 33174

SUBJECT: PROFESSIONAL MOLD REMOVERS LLC
Ref. Number: L07000060935

We have received your document for PROFESSIONAL MOLD REMOVERS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 011A00019858

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Mold Removers 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:

Ricardo Madrid
(Contact Person)

Ricardo Madrid
(Firm/Company)

931 S.W. 99 PL
(Address)

Miami Florida 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Madrid at (786) 2536703
(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



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TALLAHASSEE, FLORIDA

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: Professional Mold Removers LLC

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

State of Florida

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

LO7000060935

4. I, Ramon Madrid, hereby resign as a MERM
(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.

x Ramon Madrid
Signature of Resigning Member, Managing Member or Manager

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