

107 000074599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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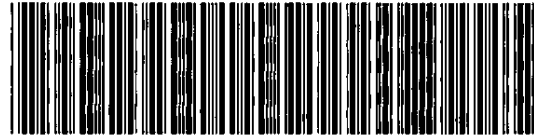
(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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2009 MAY -8 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Firm Garrido, Mederos & Associates, 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:

Zandra Mederos

(Contact Person)

The Firm Garrido, Mederos & Associates, LLC.

(Firm/Company)

4155 SW 130th Avenue, Suite 115

(Address)

Miami, Florida 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Zandra Mederos

(Name of Contact Person)

at (305) 222-9292

(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

FILED
2009 MAY - 8 PM 12:46
SECRETARY OF STATE
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: The Firm Garrido, Mederos & Associates, LLC.

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

3. The Florida document/registration number of this limited liability company is:
L07000074599

4. I, Leonor B. Garrido, hereby resign as a Manager
(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

2009 MAY -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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