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(Rec	juestor's Name)			
(Add	ress)			
(Add	lress)			
(City	//State/Zip/Phone	e #)		
_	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
	<u>ે</u> કે
SUBJECT: LEROGA LL (Name of Limited Liab	C Sign
(Name of Limited Liab	pility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted
Please return all correspondence concerning this ma	itter to:
LESLIE GAY (Contact Person)	<u> </u>
PAINTING WITH A TW	15T
801 26th AVE. N. (Address)	
ST. PETERS BURG FL. 3 (City/State and Zip Code)	3704
For further information concerning this matter, plea	se call:
LESLIE (GAY at (Name of Contact Person) (Ar	227) 895-5291 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fi	lorida Department of State for: \$\mathbb{A}\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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	he limited liability company a	as it appears on the records	of the Florida Department
of State is:	LEROGA	LLC	·
	ability company was organize		
	ocument/registration number of 0000 3 8 8 6 5		pany is:
4. I, MA	RUIN GAY 1 Name of Person Resigning)	, hereby resign as a _	MANAGING MEMBER (Print Title)
	iability company and affirm t		
Signature of Re	Managing Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)