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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
Palm Aire Remodeling, LLC. SUBJECT:	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Fernando Sangurima	
(Contact Person)	 -
Palm Aire Remodeling, LLC.	
(Firm/Company)	
896 NW 127 Ave	
(Address)	
Coral Springs, FL 33071	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Maria Sangurima	954 348-3151 at ()
(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
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
. analasses, 1 & 32317	Tallahassee, FL 32303



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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)

	e limited liability company as it appears on the records of the Florida Departmen Aire Remodeling, LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L10000042054	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Maria Sangurim	a hereby withdraw/resign as a
(Print)	, hereby withdraw/resign as a wame of Person Resigning)
Vice President	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Mi	Si
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)