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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cabinet Depot of Ocala LIC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Daniel Perotti / Andres Vallejo (Contact Person)
Cabinet Depot of Ocala UC (Firm/Company)
4810 SW 60th Ave (Address)
O(ala Fl, 34474 (City/State and Zip Code)
For further information concerning this matter, please call:
Daniel Perotti 352 299-5528 (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

CR2E079 (2/14)



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)

	imited liability company as abinet Depot of		ords of the Florida Department
2. The Florida docu	ment/registration number as	signed to this limited	d liability company is:
L 10000	0 93605	·	
3. The date this mer	mber/manager withdrew/resi	gned or will withdra	w/resign is: <u>8-14-20</u> 5
4. I,	ine of Person Resigning)	, hereby withdra	aw/resign as a
<u>member</u>	Mana ger		
of this limited liab resignation in wri		e limited liability con	mpany has been notified of my
_ Cardin	ia Arangu		
Signature of Dis	ssociating Member or Resign	ning Manager	9.5 2.6.7 2 9
	\$25.00 (Required) \$30.00 (Optional)		ZIIS AUG 27 A II