11000014413

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
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	y/State/Zip/Phone	o #1
(Cit	y/State/Zip/Filone	= n)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(D0	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

RELO FURNITURE LLC SUBJECT:		
	me of Limited Liability Com	pany)
The enclosed member, resignation o	r dissociation and fee(s	are submitted for filing.
Please return all correspondence cor	ncerning this matter to:	
CARLOS GAMEZ		
(Contact Person)		
RELO FURNITURE LLC		
(Firm/Company)		•
1918 NW 171 AVE		
(Address)		•
PEMBROKE PINES J. 1. 33028		
(City/State and Zip Co	ode)	•
For further information concerning t	his matter, please call:	
CARLOS GAMEZ	786 at (229-8589
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made p	payable to the Florida D	epartment of State for:
■ \$25 Filing Fee	☐ \$55 Filing	Fee & Certified Copy

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

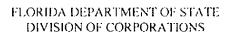
CR2E079 (2/14)

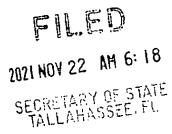
Mailing Address: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department FURNITURE LLC
2. The Florida doc L11000014413	ument/registration number assigned to this limited liability company is:
CATALINA DE	mber/manager withdrew/resigned or will withdraw/resign is:
MGRM	, hereby withdraw/resign as a ame of Person Resigning)
	(Print Title) billity company and affirm the limited liability company has been notified of my iting.
	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)