

L11 0000 37272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

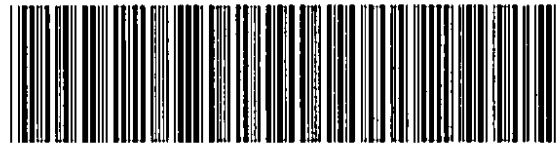
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NOV 03 2021

Office Use Only



200375046422

10/22/21--01032--003 \*\*25.00

FILED  
2021 OCT 22 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCTO PAINTING, LLC  
\_\_\_\_\_  
(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:

Carlos Y Castellano

\_\_\_\_\_  
(Contact Person)

OCTO PAINTING, LLC

\_\_\_\_\_  
(Firm/Company)

2760 SW 33rd Ave

\_\_\_\_\_  
(Address)

Miami, FL, 33133

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Y Castellano

305

8964156

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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2021 OCT 22 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: OCTO PAINTING, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000037272

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/10/2021

4. I, Aylen Y De Armas, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Aylen Y De Armas

Signature of Dissociating Member or Resigning Manager

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