L11000068459

(Re	equestor's Name)	<u>.</u>		
(Ac	ldress)			
. (Ad	ldress)			
(Cit	y/State/Zip/Phone	e #)		
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COVER LETTER

SUPERIOR SERVICES a MAZITEMANCE GROUP, LLC The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ANKLIN GREEN MONSENSICE a MATITENAUCE GROUP, LIC EDMUND RD For further information concerning this matter, please call: (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

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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



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)

1. The name of the	limited liability company as i	t appears on the reco	rds of the Florida Dep	artment
of State is: 50	PEXTOR SELVICES Q	MATLITENANCI	E GADIP, LIC	·
2. The Florida doc	ument/registration number ass	signed to this limited	liability company is:	
L11000	068459			
3. The date this me	ember/manager withdrew/resig	gned or will withdraw	v/resign is: 12 - 17	7 - 2016 ——
4. I, Kych	ard Brown Jume of Person Resigning)	, hereby withdraw	w/resign as a	
MGL				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the	limited liability com	pany has been notifie	d of my
Ja				
Signature of Di	ssociating Member or Resign	ing Manager	22	
Pilia Para	\$25.00 (D : 1)			TILE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY SSE	
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