

L11000137975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

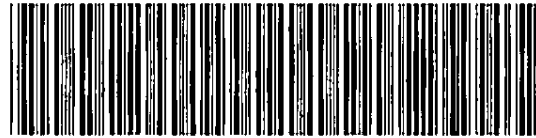
(Business Entity Name)

(Document Number)

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

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02/16/21 - 01023 - 020 \*\*55.00

APR 07 2021

R. HUNT

2021 FEB 18 PM 12:07  
DIVISION OF CORPORATIONS  
CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Liso's Remodeling Construction, 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:

Japhet Lizardo  
\_\_\_\_\_  
(Contact Person)

Liso's Remodeling Construction, LLC  
\_\_\_\_\_  
(Firm/Company)

8312 West Pocahontas Avenue  
\_\_\_\_\_  
(Address)

Tampa, Florida 33615  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Japhet Lizardo                      813                      597-9935  
\_\_\_\_\_ 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

**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: Liso's Remodeling Construction, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000137975

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02-02-2021

4. I, Felix Lizardo, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Representative

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

2021 FEB 18 PM 12:07  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA



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(Print Name of Person Resigning)

Authorized Representative

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

2021 FEB 18 PM 12:07

RECEIVED  
DIVISION OF CORPORATIONS  
FEB 18 2021