

L12000104346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRUCE  
JAN 03 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Matsumoto Framing 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:

Amy J. Matsumoto  
(Contact Person)

Matsumoto Frming LLC  
(Firm/Company)

9470 Live Oak Place # 205  
(Address)

Davie, FL 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy J. Matsumoto at 239 888-4017  
(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

2016 JAN -7 A 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Matsumoto Framing LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L12000104346.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2015

4. I, Polly Jill Matsumoto, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

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

Polly Matsumoto  
Signature of Dissociating Member or Resigning Manager

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2016 JAN -7 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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