#1/2000/04954

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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13 SEP 13 PH 12: 25
SECTION OF STATE AND AHASSEE, FLORIDA

K.SALY EXAMINER SEP 17 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRESTIPE PROPERTY PRESERVATION OF SOUTH FOORION, (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MICHAEL RAMIREZ
(Contact Person)
(Firm/Company)
16234 SW 9474 ST (Address)
MIAMI, FG 33196 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 340-1426 (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: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations P.O. Poy 6227
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin	nited liability company as it a	ppears on the records	of the Florida		
of State is: TheS	The Property Pre	servation o	- 50VA	troficial	uc-
2. This limited liabilit	ry company was organized und	der the laws of:			
- tuking	**************************************	<u>.</u> .			
3. The Florida docum	ent/registration number of this 04954	s limited liability com	pany is:		
4. I, MCHAEL (Print Nam.	AN Re 7 e of Person Resigning)	_, hereby resign as a	MANA FO (Print Ti	L itle)	
of this limited liabili resignation in writin	ity company and affirm the ling.	nited liability compan	ny has been no	tified of my	
	m				
Signature of Resign	itig Member, Managing Mem	ber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				