# L130000017020

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE TAIL AHASSEE, FLORIDA

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: MULTI SERVICES OE, 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:

ODA	LYS	ESTRADA	
		(Contact Person)	

(Firm/Company)

1428 LEE BLVD

(Address)

**LEHIGH ACRES FL 33971** 

(City/State and Zip Code)

For further information concerning this matter, please call:

**ODALYS ESTRADA** 

...239

6749400

(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

CR2E079 (12/13)



## FILED 2014 FEB 20 PM 2: 03 SECRETARY OF STATE TALLAMASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MULTI.SERVICES OE, LLC				
2. The Florida docum L130000070	nent/registration number of this 20	limited liability company is:		
3. The date this mem	ber withdrew or will withdraw	is: 02/17/2014		
4. I, YISEL MORENO		, hereby resign as a Authorized Member (Print Title)		
(Print Nan	ie of Person Resigning)	(Print Title)		
of this limited liabil resignation in writing		nited liability company has been notified of my		
	Marion			
Signature of Resi	gning or Dissociating Manage	r, Member		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (12/13)