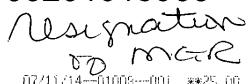
## 113000028330

(Requestor's Name)
(Address)
(Address)
(City)(Chata)(Zin)(Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800261615988





DB 25/14

TO: Registration Section Division of Corporations	
SUBJECT: NEW VISION DESIGN (Name of Limited Liabili	5 1 CONTRACTOR LLC ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
ANAIS M. BIMONTE (Contact Person)	
PARRISH & VARNELL, P. A (Firm/Company)	
3431 PINE RIDGE ROAD, SU (Address)	DITE 10)
NAPLES, FL 34109 (City/State and Zip Code)	
For further information concerning this matter, please	call:
ANAIS M BIMONFE at (23 (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

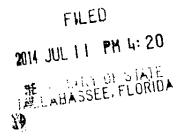
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





## 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 lir	nited liability company as it appears on the records of the Florida Department	
of State is: NEV	N VISION DESIGNS & CONTRACTOR LLC .	
2. The Florida document/registration number assigned to this limited liability company is:		
L 130000	28330	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 7/7/2019	
	c nambe 15 , hereby withdraw/resign as a e of Person Resigning)	
Manager (Pr	rint Title)	
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my	
_ Qul	ref. Chambers	
Signature of Disse	ociating Member or Resigning Manager	
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	