L13000046197

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500254218555

12/05/13--01006--001 **25.00

2013 DEC -5 PH I2: 01

TEC - 6 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: B+B Professional Painting (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:

Den Pettinato
(Contact Person)

BHB Pacessianal Painting UC
(Firm/Company)

Main Street Ste 300

(Address)

Gaddress)

Gaddress

For further information concerning this matter, please call:

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sum \\$25 \text{ Filing Fee } \sum \\$55 \text{ 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 (5/06)



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 limited liability company as it appears on the records of the Florida Department

of State is: 15th 40th 5100 Painting CCC

2. This limited liability company was organized under the laws of:

3. The Florida document/registration number of this limited liability company is:

4.1. Belinda Pettinato, hereby resign as a My

of this limited liability company and affirm the limited liability company has been notified of my

resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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

3000046

(Print Name of Person Resigning)

SEE, FLORIDA