

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	9 #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	ne)		
۷,	domoco Emily Har	,		
(D	ocument Number)			
. Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				





05/14/18--01009--001 **50.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Completely Floored UC (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:
Steven a. Gagny (Contact Person)
(Firm/Company)
7965 Georgia Jack Ct
Jacksonville Fe 32244 (City/State and Zip Code)
For further information concerning this matter, please call:
Steven a. Gagny at (904) 428-6882 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$\$\\$\\$\\$

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 (2/14)



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)

	nited liability company as it app		Florida Department
of State is:	ompletely Floor	red LC	***************************************
2. The Florida docum	ent/registration number assigned	to this limited liability co	ompany is:
	069029		-101.0
3. The date this mem	per/manager withdrew/resigned	or will withdraw/resign is:	<u> </u>
4. I, Steve	n A Gagny, e of Person Resigning)	hereby withdraw/resign as	s a
Owner (Manager.		2011 H
of this limited liabil resignation in writin	ity company and affirm the limit	ed liability company has b	
Signature of Disse	ociating Member or Resigning N	1anager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		