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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 81 2015 T. CARTER

COVER LETTER

- Division of Corporations
SUBJECT: Maintenance & Timprovement Specialists (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:
Robert Smith (Contact Person)
Maintenance & Improvement Specialists (Firm/Company)
306 Olalosa Ld (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (BSD) B6T 0434 (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 \$ Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR 26 PM 3: 45

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	limited liability company as it appears on the records of the Florida Department
of State is:	laintenance & Improvement Specialists, UC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L130000	11697
3. The date this mer	mber/managerwithdrew/resigned or will withdraw/resign is: 01 24 14
4. I, MICHAEL (Print No.	hereby withdraw/resign as a me of Person Resigning)
Managing Mus	nber CO owner. Print Title)
	oility company and affirm the limited liability company has been notified of my
resignation in wri	ting.
Miskastr	
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)