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Office Use Only



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## **COVER LETTER**

| Division of Corporations                                      |                   |                                                  |                               |
|---------------------------------------------------------------|-------------------|--------------------------------------------------|-------------------------------|
| SUBJECT: PALM BEACH CUSTOM W                                  | OODWORK           | SLLC                                             |                               |
|                                                               | ited Liability Co | ompany)                                          |                               |
| The enclosed member, resignation or dissoci                   | ation and fee     | (s) are submitted for filing.                    |                               |
| Please return all correspondence concerning                   | this matter to    | :                                                |                               |
| MARIA MENA-PEREZ                                              |                   |                                                  |                               |
| (Contact Person)                                              |                   | _                                                |                               |
| PALM BEACH CUSTOM WOODWORK                                    | S LLC             |                                                  |                               |
| (Firm/Company)                                                |                   |                                                  | 201 <b>1</b>                  |
| 1315 53RD STREET, UNIT 5                                      |                   |                                                  | 2010 OCT 2.2<br>Part 255 1255 |
| (Address)                                                     |                   | <del></del>                                      | 25.5%<br>25.5%                |
| MANGONIA PARK FL 33407                                        |                   |                                                  | 74 R                          |
| (City/State and Zip Code)                                     |                   | _                                                | (4)                           |
| For further information concerning this matter                | er, please call   | l:                                               | *                             |
| MARIA MENA-PEREZ                                              | 561               | 575-5335                                         |                               |
| (Name of Contact Person)                                      | _ \               | le & Daytime Telephone Numb                      | er)                           |
| Enclosed please find a check made payable t ■ \$25 Filing Fee |                   | Department of State for: ng Fee & Certified Copy |                               |
| STREET/COURIER ADDRESS:                                       |                   | MAILING ADDRESS:                                 |                               |
| Registration Section Division of Corporations                 |                   | Registration Section Division of Corporations    |                               |
| Clifton Building                                              |                   | P.O. Box 6327                                    |                               |
| 2661 Executive Center Circle                                  |                   | Tallahassee, Florida 32314                       | 1                             |

CR2E079 (2/14)

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)

|                                          | limited liability company as M BEACH CUSTOM WOO | it appears on the records of the Flor  | ida Depa    | irtmei     | nt<br>.·     |
|------------------------------------------|-------------------------------------------------|----------------------------------------|-------------|------------|--------------|
| 2. The Florida docu<br>L1300007261       | <u> </u>                                        | ssigned to this limited liability comp | any is:     |            |              |
| 3. The date this me                      | mber/manager withdrew/res                       | igned or will withdraw/resign is:      | 15/2018     |            | <del>-</del> |
| 4. I. BRIAN SHEA                         | ame of Person Resigning)                        | hereby withdraw/resign as a            |             |            |              |
| MANAGING I                               |                                                 |                                        |             |            |              |
|                                          | (Print Title)                                   |                                        |             |            |              |
| of this limited lia<br>resignation in wr |                                                 | e limited liability company has been   | notified    | of m       | У            |
| Signature of Di                          | ssociating Member or Resig                      | ning Manager                           | <u> </u>    | 2018 OCT   |              |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional)        |                                        | ARASSEC FLO | 00122 PH 3 | P 27         |