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Division of Corporations

Fax Number : (\$50) 617-6383

From:

Account Name : TIMELINE SUSINESS CENTER LIC

Account Number : 120150000034 Phone : (235)344-7417 Fax Number : (886)344-7262

**Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one small address please. **

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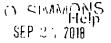
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NUNES CARPENTRY LLC

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PLORIDA 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 Flo	orida Department
	ES CARPENTRY LLC		9.3
2. The Florida docu	ment/registration number as	ssigned to this limited liability com	pany is:
L1300009462	2	•	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	9/26/2018
MAURI BER	NARDES		
(Print S	ame of Person Resigning)	, hereby withdraw/resign as a	
MANAGER			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been	en notified of my
	y		
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		