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COVER LETTER

Division of Corporations
SUBJECT: Pamana Day Wall Lyc (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: Deceta Contact Person
Mavarre FL 32566 (dity/State and Zip Code) For further information concerning this matter, please call:
TOSE Juanul at (SD) 533-08/4 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$25 Filing Fee \$\Pi\$ 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 (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)

1. The name of the	limited liability compa	any as it appears of	the records of the Flo	orida Departm	ient
of State is:	Pamama I	Drywall	LYC.		·
2. The Florida docu	ment/registration num	aber assigned to thi	s limited liability com	ipany is:	
L 130	00 12179	<u>70</u> .			
3. The date this men	mber/manager withdre	ew/resigned or will	withdraw/resign is: _	may	2017
	pher Bin me of Person Resigning)				
-Officia	Print Title)				
of this limited liab resignation in wri	oility company and aff ting.	irm the limited fial	oility company has bed	en notified of	my
Church Signature of Dis	Denbly ssociating Member of	Resigning Manage	r		
-	\$25.00 (Required)			SECRE TALLAH	17 JL
Certified Copy:	\$30.00 (Optional)			LACE JASSE	FIL N 23

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