## L13000149514

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: Solvershet Const	mited Liability Company)
(Name of Li	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
(Contact Person)	
(Contact Person)	
Silvether Contructs o G. (Firm/Company)	Vory margens ru
(Firm/Company)	,
2140 W. Flagle Street Le (Address)	ut e 206
(City/State and Zip Code)	<del></del>
For further information concerning this man	
Luis Nousa	at (781) 206 T337 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  4 \$25 Filing Fee	to the Florida Department of State for:  \$\sigma\$ \$55 Filing Fee & Certified Copy
-	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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)

1. The name of the	limited liability company as	it appears on the reco	ords of the I	Florida Departn	nent
of State is:	Huerstrut Constr	metion & G	DAZING	Managem	ut.LCC
2. The Florida docu	ıment/registration number as	ssigned to this limited	liability co	mpany is:	
21300	6149574	·			
	mber/manager withdrew/res		w/resign is:	Ochbu31.	2015
4. I, MOMA (Print N	ELEND LOPEZ ame of Person Resigning)	, hereby withdra	w/resign as	: a	
	MANG GEN. (Print Title)				
of this limited lia resignation in wr	bility company and affirm the	e limited liability con	npany has b	een notified of	my
Signature of Di	ssociating Member or Resig	ning Manager			
	\$25.00 (Required) \$30.00 (Optional)			MIS NOV 30 P 1:	
				器 二	