L13000166706

(Requestor's Name)
(Address)
(Address)
` ,
(City (City)) Tim (Dispose 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

JAN 2 8 2014 T. BROWN

COVER LETTER:

• TO: Registration Section
Division of Corporations

SUBJECT. CEDILLO'S PROFESSIONAL PAINTING, LLC.

(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:

YOLANDA A JIMENEZ (Contact Person) (Firm/Company)

708 CHURCHILL BAYOU RD

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

YOLANDA A JIMENEZ	_{at (} 850	714-3930	
(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

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

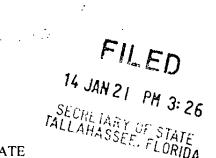
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (12/13)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		it appears on the records of t	he Florida Department
of State is: CE	DILLO'S PROFESSION	NAL PAINTING, LLC.	•
	•	this limited liability compan	y is:
L130001667	706		
3. The date this me	mber withdrew or will withd	lraw is: 01/13/2014	
4. I, ENRIQUE	CEDILLO-VARGAS	, hereby resign as a MG	SR .
	ame of Person Resigning)	,, <u></u>	(Print Title)
of this limited lial resignation in wri	·	e limited liability company ha	as been notified of my
+ Enerique	Cedillo Vara	jas	
Signature of Re	signing of Dissociating Ivian	lager, iviemoer	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		