L13000/72537

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SEP 04 2014 T. CARTER

LLC Mem Resign

COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: Impolute Pristine Services LCC (Name of Limited Liability Company)							
(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:							
Esther Gutierrez (Contact Person)							
(Contact Person)							
Impoluto Pristine Services LLC (Firm/Company)							
5209 Cyprers Palms Ln (Address)							
Tampa FL 33647 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Esther Gutierrez at (813) 999 101 (Area Code & Daytime Telephone Number)							
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{1}{2}}}\$							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Callahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							



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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 ap	pears on the record	ls of the Florida Depa	artment
of State is: <u>T</u>	mpoluto	Pristing	Services	LLC	·
2. The Florida docu	ıment/registratio	n number assign	ed to this limited li	ability company is:	
	017253			1	ì
3. The date this me	mber/manager w	ithdrew/resigned	or will withdraw	resign is: <u>08/01</u>	2014
4.1. Darin	Palme ame of Person Resig		, hereby withdraw	resign as a	•
	Manaa Prini Tille)	•			
of this limited liab resignation in wri	• •	nd affirm the lim	ited liability comp	any has been notified	of my
- Mai	a. Pal	ner			
Signature of Dis	ssociating Memb	er or Resigning	Manager		
Filing Fee:	\$25.00 (Requ	ired)			
Certified Copy:	\$30.00 (Optio	onal)			