L14000035158

(Reques	tor's Name)	
(Address	5)	
(Address	s)	. <u>. </u>
(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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COVER LETTER

Division of Corporations	
SUBJECT: OPTIMAL (Name of Lin	CONTRACTURS LLC nited Liability Company)
The enclosed member, resignation or dissoc	nation and ree(s) are submitted for fiffing.
Please return all correspondence concerning	this matter to:
THOMAS A MILETA (Contact Person)	
(Contact Person)	
(Firm/Company)	
2149 NE 63 ST (Address)	
·	
FT. LAUDENDALE FL (City/State and Zip Code)	33308
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Tromas A MALEIN	at (<u>954</u>) <u>650-812-6</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

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

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	e limited liability company as it appears on the records of the Florida Department
of State is:	OPTIMAL CONTRACTORS LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1400	20035158
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: MARCH 21,2014
4. I, // // (Print N	A MALETA, hereby withdraw/resign as a Name of Person Resigning)
MANA	(Print Title)
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my riting.
	AMIL
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)