L1400004957/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				



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04/15/15--01020--003 **25.00

SECULTARY HOLLAND STAND

Office Use Only

4.15



April 16, 2015

SCOTT ROSE / STREAMLINE PAINTING LLC 7040 ROCKWOOD DRIVE PORT RICHEY, FL 34668 US

SUBJECT: STREAMLINE PAINTING LLC

Ref. Number: L14000049571

We have received your document for STREAMLINE PAINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 715A00007653

www.sunbiz.org

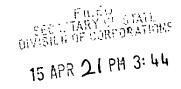
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COVER LETTER »

TO: Registration Section Division of Corporations		
SUBJECT: Streamline painting LLC		
(Name of Lir	nited Liability Co	mpany)
The enclosed member, resignation or dissoc	iation and fee((s) are submitted for filing.
Please return all correspondence concerning	this matter to:	:
scott rose		
(Contact Person)		_
streamline painting llc		
(Firm/Company)		_
7040 rockwood drive		
(Address)		_
port richey. florida,34668		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	:
scott rose	727 _ at (858-2457
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

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 li of State is:		it appears on the records of the Florida Department
2. The Florida docum	nent/registration number as	ssigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/res	igned or will withdraw/resign is:
4. I, kevin p nally (Print Nan	ne of Person Resigning) CNall rint Title)	, hereby withdraw/resign as a
of this limited liabilities resignation in writi		ne limited liability company has been notified of my
Acor Ke	se Kevin 1	lays
Signature of Diss	sociating Member or Resig	ming Manager
Filing Fee: Certified Copy:	` • /	