

L 14000103680

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

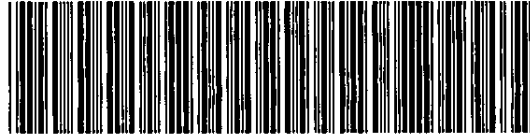
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500278225145

10/27/15--01013--001 \*\*25.00

2015 OCT 27 P 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 28 2015

3 MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ORIGINAL GRANITE & CABINETS, 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:

CARLOS LONDON

(Contact Person)

LONDON EXPRESS INETERNATIONAL ,INC

(Firm/Company)

2750 MICHIGAN AVE, SUITE B-2

(Address)

KISSIMMEE, FLORIDA , 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS LONDN

(Name of Contact Person)

at ( 321 ) 377-6175  
(Area Code & Daytime Telephone Number)

**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



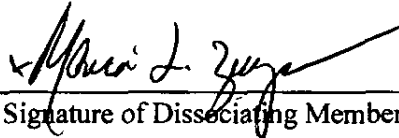
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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 records of the Florida Department of State is: THE ORIGINAL GRANITE & CABINETS, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000103680
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/20/2015
4. I, MARIA I ZAYAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

FILED  
2015 OCT 21 P 12:52  
SEC. OF STATE  
TALLAHASSEE, FLORIDA