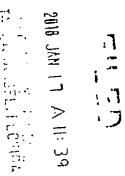
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(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only				



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COVER LETTER

	egistration Section		
Di	vision of Corporations		
SUBJEC [*]	T: D & S QUALITY CONTRACTOR LLC		
	(Name of Limited Liability Co	отралу)	·
The enclo	sed member, resignation or dissociation and fee	(s) are submitted for	filing.
Please ret	urn all correspondence concerning this matter to	:	
ANA D. I	BRACHO-PINOL		
	(Contact Person)	_	
D&SQ	UALITY CONTRACTOR LLC		
	(Firm/Company)		
2537 SC	OUTHSIDE BLVD		
	(Address)		-1 2
JACKSC	NVILLE, FL 32216		2018 JAN
	(City/State and Zip Code)	_	= 1
For furthe	r information concerning this matter, please call	l:	
FRANCI	SCO ANDINO 904	619-2675	17 A II: 30
		le & Daytime Telepho	one Number)
Enclosed \$25 Fil	please find a check made payable to the Florida ling Fee ☐ \$55 Filir	Department of State ng Fee & Certified C	
STREET	/COURIER ADDRESS:	MAILING ADD	RESS:
_	on Section	Registration Secti	
	of Corporations	Division of Corpo	orations
Clifton Building		P.O. Box 6327	
2661 Exec	cutive Center Circle	Tallahassee, Flori	da 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	limited liability company a S QUALITY CONTRACT	is it appears on the records of the Florida Department
L1400011154	5	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: 12/31/2017 hereby withdraw/resign as a
3. The date this member/manager withdrew/resignal DANIEL SOTO		haraby with draw/racian acia
(Print N	ame of Person Resigning)	Hereby withdraw/resign as a
AMBR		inc -
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm titing.	he limited liability company has been notified of my
Danuel	Sto	
Signature of Di	ssociating Member or Resi	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	