

114000144012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

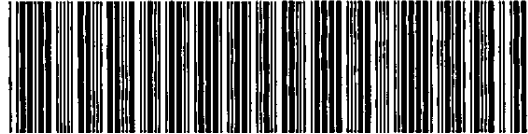
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/18/15--01009--019 **25.00

15 SEP 18 AM 8:57
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09/18/15 BY 60322
JSH/BAW/DA/DAIT

SEP 21 2015
J SHIVERS

Important Information:

Colman and Lucia L14000144012

Please be advised that when Ms. Leyshla Mauro was part of the Colman and Lucia LLC as one of the Managers the name of the LLC was Colman & Lucia LLC. I called 9/14/15 at 10:14 and was advised to write the current name of the LLC not the name that was used while Ms. Leyshla Mauro was part of the LLC and before the amendment. With the amendment the name of the LLC changed from Colman & Lucia LLC to Colman and Lucia LLC and Ms. Leyshla Mauro was removed.

If questions please contact me at 305.801.0320 or at piquerstephanie@gmail.com or colmanandlucia@gmail.com

Thank you,

Stephanie

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colman and Lucia 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:

Stephanie Piquer
(Contact Person)

Colman and Lucia
(Firm/Company)

5814 SW 34TH ST
(Address)

Miami, FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Piquer at (305) 801.0320
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Colman and Lucia LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000144012

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept-2-15

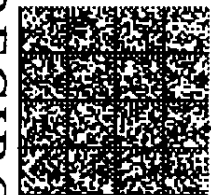
4. I, LEISHLA NAVRO, hereby withdraw/resign as a
(Print Name of Person Resigning)

Co-owner / Manager
(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

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)



Attest # 91