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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	SILVA & MAZO SERVICES. LLC	
3000	(Name of Limited Liabilit	y Company)
The en	nclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	r to:
RENA	ATA ALCANTARA	
	(Contact Person)	
ACCC	DUNTING PLUS PROF. SERVICES, INC	
	(Firm/Company)	
3803	NW 7TH PL	
	(Address)	
DEEF	RFIELD BEACH, FL 33442	5 S S
-	(City/State and Zip Code)	TAS TE
For fu	rther information concerning this matter, please	call:
RENA	ATA ALCANTARA 954	913-1520
	(Name of Contact Person) (Area	Code & Daytime Telephone Number)
	sed please find a check made payable to the Flor 5 Filing Fee	ida Department of State for: Filing Fee & Certified Copy
	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section on of Corporations	Registration Section Division of Corporations
	n Building	P.O. Box 6327
2661 I	Executive Center Circle assee, Florida 32301	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)

The name of the limited liability company as it ap of State is: SILVA & MAZO SERVICES, LLC	pears on the records of the I	Florida D	epart	ment
2. The Florida document/registration number assignation has been been been been been been been bee	ed to this limited liability co	mpany is):	
3. The date this member/manager withdrew/resigned 4. I, CLAUDIO RUGGERI MAZO (Print Name of Person Resigning)			015	
(Print Name of Person Resigning) AMBR (Print Title)	, notee y militara in testina	u		
of this limited liability company and affirm the lim resignation in writing.	rited liability company has b	een notif	ied o	of my
Signature of Dissociating Member or Resigning	Manager	SEGRETARY OF STATE	15 SEP 11 PH 5: 3	FILED