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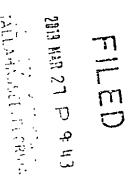
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: 888 COMMERCIAL SE	RVICES LLC		
	f Limited Liability Co	ompany)	
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for	filing.
Please return all correspondence concern	ning this matter to	:	
NICOLE J. HUESMANN			
(Contact Person)		_	2819
NICOLE J. HUESMANN, P.A.			211 N. 27 P 9 13
(Firm/Company)			
150 ALHAMBRA CIRCLE, SUITE 1	150		
(Address)		_	
CORAL GABLES, FL 33134			
(City/State and Zip Code)		_	
For further information concerning this	matter, please call	:	
NICOLE J. HUESMANN	305	858-0220	
(Name of Contact Person)		e & Daytime Telephor	ne Number)
Enclosed please find a check made paya \$25 Filing Fee		Department of State g Fee & Certified Co	
STREET/COURIER ADDRESS:		MAILING ADDR	
Registration Section Registration S Division of Corporations Division of C			
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 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)

888	limited liability company as	s it appears on the records of the ES LLC	Florida Department
of State is:	•	ssigned to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	03/14/2019
4. I, MARK S. SC	OTT	igned or will withdraw/resign is:, hereby withdraw/resign as	sal. 27 [
(Print N	ame of Person Resigning)	, nercoy withdraw/resign a.	27
MGR			7 [
	(Print Title)		
of this limited lial resignation in wr		e limited liability company has b	peen notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
Signature of 191	ssociating Memoer of Resig	imig ividilagei	
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		