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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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15 MAY 18 PH 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAY 2 1 2015

T CANNON

COVER LETTER

| TO: | | stration Section aion of Corporations | | | | |
|--------|----------------------------|---|------------|----------|--|--|
| SUBJ | conar general supplier llc | | | | | |
| | 130.11 | (Name of Limited Liability Company) | | | | |
| The ea | nclosed | l member, resignation or dissoc | ciation a | nd fee(| s) are submitted for filing. | |
| Please | e returi | all correspondence concerning | g this ma | iter to: | | |
| Luis I | E Con | treras Artigas | | | | |
| | | (Contact Person) | | | | |
| cona | r gene | eral supplier llc | | | | |
| | | (Fum/Company) | | | | |
| 6765 | narco | oossee Rd unit 124 | | | | |
| | | (Address) | | | - | |
| Orlar | ndo Fl | 32822 | | | | |
| | | (City/State and Zip Code) | | | | |
| For û | irther i | nformation concerning this ma | tter, plea | se call | : | |
| Luis | E Cor | ntreras | |)7 | 800 6198 | |
| | (1) | Name of Contact Person) | | | e & Daytime Telephone Number) | |
| | sed plo 5 Filin | ease find a check made payable g Fee | | | Department of State for: ng Fee & Certified Copy | |
| | | OURIER ADDRESS: | | | MAILING ADDRESS: | |
| _ | | n Section Corporations | | | Registration Section Division of Corporations | |
| | m Buil | | | | P.O. Box 6327 | |
| 266 E | Execu | itive Center Circle , Florida 32301 | | | Tallahassee, Florida 32314 | |

CR2E079 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE. FLORIDA
15 MAY 18 PH 4: 08



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 as it ar general supplier llc | appears on the records of the Florida Department |
|------------------------------------|---|---|
| 2. The Florida doct L1500007471 | - | gned to this limited liability company is: |
| | | ned or will withdraw/resign is. |
| | · | , hereby withdraw/resign as a |
| | | limited liability company has been notified of my |
| Signature of D | issociating Member or Resign | ng Manager |
| | \$25 00 (Required) \$30.00 (Optional) | |