

415000118494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

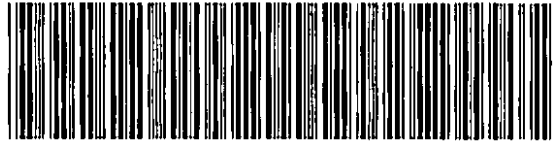
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APR 20 2020

2020 APR -6 PM 6:26

Diss/Resign
M/01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PICTURE FRAMING & ART GALLERY 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:

JULIO IGOR PERNAS
(Contact Person)

PICTURE FRAMING & ART GALLERY LLC
(Firm/Company)

10722 WILCO ROAD, CORAL SPRINGS, FL 33076
(Address)

CORAL SPRINGS, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO IGOR PERNAS at (954) 415 9559
(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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)

2020 APR -6 PM 6:26

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PICTURE FRAMING & ART GALLERY LLC.

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

L 15000118494 (47-4541896)

3. The date this member/manager withdraw/resigned or will withdraw/resign is: 03-31-20

4. I, JULIO IGOR PERNAS, hereby withdraw/resign as a
(Print Name of Person Resigning)

PRESIDENT (PTD) MEMBER (ABR)
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] 03-31-20
Signature of Dissociating Member or Resigning Manager

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

[Signature]
Johanne Villeneuve Cusick
3-31-20

