

LI5000123436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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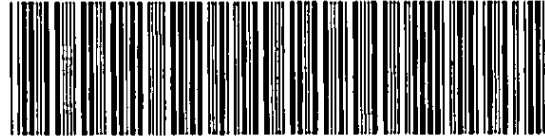
(Business Entity Name)

(Document Number)

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Shirley D. Stal  
TALLAHASSEE, FL 32309

K. SALY  
SEP - 6 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C&I MULTISERVICES, 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:

ARIEL ESTRADA

(Contact Person)

C&I MULTISERVICES, LLC

(Firm/Company)

2801 19TH ST W

(Address)

LEHIGH ACRES FL 33971

(City/State and Zip Code)

For further information concerning this matter, please call:


ARIEL ESTRADA

at ( 239 217-2599 )

(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

FILED  
2017 SEP -1 PM 12:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: C&I MULTISERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000123436


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/24.2017

4. I, JULIO C CABRERA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(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)