115000135952

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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2016 JUNI 16 PM 12: 01

K.SALY EXAMINER JUN 17

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: S&M GRANITE AND MARBLE SPECIALISTS, LLC			
	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please	e return all correspondence concerning the	his matter to:		
DER	ECK STEWART			
	(Contact Person)		-	
S&M	GRANITE AND MARBLE SPECIAL	ISTS LLC		
	(Firm/Company)		_	
704 \$	SW 17 AVENUE, STE 5		_	
	(Address)		_	
MIAN	ЛI, FLORIDA 33135			
	(City/State and Zip Code)	*****	-	
For fu	orther information concerning this matte	r, please call:		
ANTI	HONY ORTEGO	305	643-6868	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
■ \$2	sed please find a check made payable to Filing Fee 30 Certified Copy		Department of State for: 3 Fee & Certified Copy	
Regis Divisi Clifto 2661	tration Section ion of Corporations on Building Executive Center Circle massee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

	e limited liability company as it ap	pears on the records of the Florida Department
2. The Florida doc L1500013595		ed to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned	or will withdraw/resign is:
	REIRA BARRIGA Name of Person Resigning)	-
MEMBER		
	(Print Title)	
of this limited lia resignation in w		ited liability company has been notified of my
Signature of D	issociating Member or Resigning I	Manager
	\$25.00 (Required)	