## L15000146647

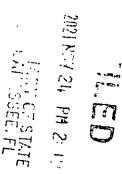
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500377025165

11/24/21--01014--009 \*\*25.00



Y SULKER DEC 13 2021

## COVER LETTER

Division of Corporations	
SUBJECT: LIGHTNING PAINTI	NG L.L.C.
(Name of Limited Li	zbility Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
PAVOL MEDO (Contact Person)	
(Contact Person)	
(Firm/Company)	
12923 COLONY RD	
(Address)	
HUDSON, FL 34669 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
	727 ) 667 2794
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
S \$25 Filing Fee □ S	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

1. The	name of the	limited liability o	ompany as it	appears on the	records of th	he Florida De	partment
of S	tate is: <i>L1</i>	GHTNING	PAINTIN	VG L.L.C	·	_	
2. The	Florida docu	unent/registration	number assig	ened to this lim	nited liability	company is:	
	L15000	146647					
3. The	date this me	mber/manager wit	thdrew/resign	ed or will with	adraw/resign	is: 12 -0	1-2021
4. L	ANNA	MEDOVA		, hereby with	hdraw/resign	ı as a	
	(Print No	ane of Person Resign	ring)				
	5ECR	ETARY	_				
	- (	Print Tale)					
	nation in wri	oility company and ting.		imited liability	company ha	s been notific HOY 21 PM 2: 15	ed of my
	•	ssociating Membe	•	ед Мападет		M 2: 1.	O
_		\$25.00 (Requi \$30.00 (Option	•				