LIS 000 172 373

(Re	equestor's Name)	
(Ác	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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05/63/23--01033--015 **39.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Marguez Harve. (Name of Limi	lous Flooring UC ted Liability Company
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Yusmila Fonzalez (Contact Person)	
Harguez Monelous Floor	ig UC
1020 NW 9th Pl (Address)	
Cape Coral, 72 33993 (City/State and Zip Code)	
/ (City/State and Zip Code) For further information concerning this matter	
(Name of Contact Person)	at (239) 233-7305
Enclosed please find a check made payable to	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

	Cat. Cl. 11 D
1. The name of the limited liability company as it appears on the records of	
of State is: Margrez Harvelous Flooring UC	<u>// </u>
2. The Florida document/registration number assigned to this limited liabi	
L15000172373	, ,
3. The date this member/manager withdrew/resigned or will withdraw/resigned or will will will will will will will wil	ign is: 04/20/202
4. I. 405mau Malguez , hereby withdraw/res (Print Name for Person Resigning) Member Manager , hereby withdraw/res (Print Title)	ign as a
Member / Manager	
(Print Title)	
of this limited liability company and affirm the limited liability company resignation in writing.	has been notified of my
resignation in the same of the	
(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21
Signature of Dissociating Member or Resigning Manager	2092
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	77.
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