

216000014441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

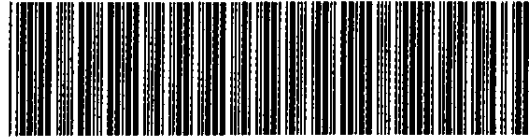
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/09/18--01007--023 \*\*25.00

2018 APR -9 P 12:44  
FILING OFFICE

FILED

4/10/18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Florida Water & Restoration Services, 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:

Miguel A. Diaz

(Contact Person)

MD Property Inspections, LLC

(Firm/Company)

3325 S Lake Drive

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel A. Diaz

(Name of Contact Person)

at ( 786 ) 624-7790

(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

FILED  
2010 APR -9 PM 12:44  
TALLAHASSEE, FLORIDA



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 company as it appears on the records of the Florida Department of State is: South Florida Water & Restoration Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000014441

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/29/2018

4. I, Damian Delgado, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager

(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)

FILED  
2018 APR -9 P 12:44  
TALLAHASSEE, FLORIDA



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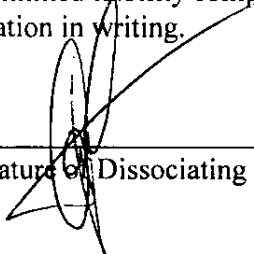
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/29/2018

4. I, Damian Delgado, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(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)