16000024311

(Re	equestor's Name)						
(Ad	dress)						
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	me)					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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JUL 1 4 2017 Y SULKET

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mello Flooring 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:
Jeremey mello (Contact Person)
(Firm/Company)
102) Sw 37th Ter. (Address)
Palm Coty FL 34 990 (City/State and Zip Code)
For further information concerning this matter, please call:
Sessica Mello at (772) 342-8543 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$2\$\\$25\$ Filing Fee \$25\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 appe	ars on the re	cords of the Flo	rida Dep	partme	nt
of State is:	Nello Floor	ina	LLC				_•
2. The Florida doc	ument/registration number	r assigned	to this limite	d liability com	pany is:		
<u>L</u> 160	60024311	•			E	7	
3. The date this me	ember/manager withdrew/	resigned o	r will withdr	aw/resign is: _{			-
4. I, MOK (Print N	MCIO Jame of Person Resigning)	, ł	nereby withdi	raw/resign as a	SEE, F	3 AM	
Mng.	(Print Title)	.·			STAIL LORIDA	64 : N MA	
of this limited lia resignation in wr	bility company and affirm iting.	the limite	ed liability co	mpany has been	n notifie	d of m	ıy
Nerk	Mh						
Signature of Di	issociating Member or Re	signing M	anager	•			
Filing Fee:	\$25.00 (Required)						
Certified Conv	\$30.00 (Ontional)						