## 4600060

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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16 MDY -7 PH 4: 19



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: All Pro Paint & Body (Name of Limited Lie	ability Company)	
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to:	
(Contact Person)	رود در	·~
(Name of Contact Person) (A  Enclosed please find a check made payable to the I  \$25 Filing Fee  \$35	rase call:  407 545 · 0909  Area Code & Daytime Telephone Number)  Florida Department of State for: 55 Filing Fee & Certified Copy	SECRETARY OF ECONOM
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

**Division of Corporations** 

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)

	mited liability company as it as Pro Paint & Body S	opears on the records of the Florida Depa	urtment
	0069469	ed to this limited liability company is:	TALLAHASSE
4. I, Alberto A (Print Nam	Aya la nd of Person Resigning) R.	d or will withdraw/resign is:	<b>6.</b> E. E. C.
(Pi	rint Title)  lity company and affirm the lin	nited liability company has been notified	of my
Signature of Diss	ociating Member or Resigning	Manager	
Filing Fee: Certified Copy:	• •		