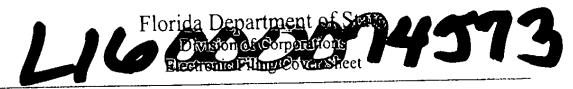
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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То:	Division of Corporations Fax Number : (850)617-6383	ETANASSEE,
From:	Account Name : ACCOUNT BOOKKEEPING CORP Account Number : I20120000055	O: 27 STATE E, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (407)898-1757

: (407)897-5336

Email Address: CONTROL @ ABK COR P. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUSTOM CABINETRY OF WINDERMERE LLC

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Phone

Fax Number

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COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJ	FCT·	CUSTOM CABINETRY OF WINDER	MERE LLC			
SOBOLCI		(Name of Limited Liability Company)				
The er	nclosed	member, resignation or dissociat	ion and fee(s)	are submitted for filing.		
Please	return	all correspondence concerning th	is matter to:			
JULIA	TEDES	sco				
		(Contact Person)				
ACCO	UNT B	OOKKEEPING CORP				
		(Firm/Company)				
5301 C	CONRO	Y ROAD SUITE 140				
		(Address)				
ORL.A	NDO, I	FL 32811				
		(City/State and Zip Code)				
For fi	urther i	information concerning this matte	r, please call:			
JULIA	TEDE	SCO	407 at (898-1757		
	(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	osed pl 25 Filit	ease find a check made payable to ng Fee	the Florida D	epartment of State for: Fee & Certified Copy		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

TO:18506176383 FROM:5612934213 H 1900 36385+3



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:
2. The Florida document/registration number assigned to this limited liability company is: L16000074573
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. 1, ALINE MACIEL MOURA CORREA (Print Name of Person Resigning)
(Print Title) of this limited liability company and affirm the limited liability company has been notified of m resignation in writing.
Signature of Dissociating Member of Resigning Manager

CR25079 (2/14)