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(Requestor's Name)	
(10420010)	
(Address)	
(123,325)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	/AIL
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COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: MAC Service & Repair, 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:
Mauricio Centeron (Contact Person)
MACSERVICE ERgour, LIC
112395W247 Terr (Address)
Homestead Fla. 33032. (City/State and Zip Code)
For further information concerning this matter, please call:
Mauricus Centers (Name of Contact Person) at (786) 436-5972 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee \$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303



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 Repairs LLC	: Florida E	Department
		•	· · · · · · · · · · · · · · · · · · ·	·
2. The Florida doci	iment/registration number	assigned to this limited liability of	company i	81
	0 131 027			
Λ	/ 1	esigned or will withdraw/resign is		21
4. 1, Jnay 5	COMESANAS-	hereby withdraw/resign a	as a	ı
	esident/Ma			
of this limited lia	bility company and affirm:	the limited liability company has	been noti	fied of my
resignation in wr		, , , , , , , , , , , , , , , , , , ,		
	17/		•	2921
(leap	Onesara.			
Signature of Di	ssociating Member or Resi	igning Manager		7
J			·	A
Filing Fee:	\$25.00 (Required)		-	<u> </u>
Certified Copy:	\$30.00 (Optional)		Ġ	<u>ဂ</u>