

L16000148380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

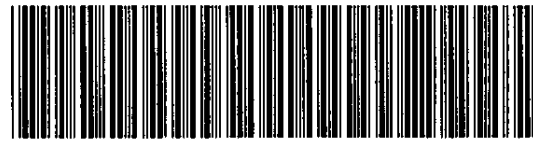
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800289726958

09/06/16--01009--018 **25.00

FILED

2016 SEP -7 P 6:11
SEAL OF THE
TALLAHASSEE, FLORIDA

SEP 06 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMOES 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:

DOS SANTOS SIMOES, CLEIMAR M
(Contact Person)

SIMOES SERVICES LLC
(Firm/Company)

6636 MISSION CLUB BLVD
(Address)

ORLANDO, FL 32821
(City/State and Zip Code)

For further information concerning this matter, please call:

CRIS RAMOS at (407) 301-0934
(Name of Contact Person) (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

CR2E079 (2/14)

RECEIVED
TALLAHASSEE, FLORIDA

2016 SEP -7 10 6:11

FILED





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: SIMOES SERVICES LLC

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

116000148380

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/22/2016

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

Title MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2016 SEP - 7 P 6: 11
TALLAHASSEE, FLORIDA

FILED