## L16000191137

(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



000389874590

08/27/22--01024--018 \*\*25.00

2022 JUN 27 PM 1:15

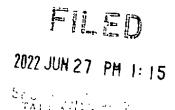
THE THE

## COVER LETTER

Registration Section Division of Corporations ALL DUCTS LLC SUBJECT: (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: JOSE ALFONSO ESTREMADOYRO (Contact Person) JOSE ALFONSO ESTREMADOYRO (Firm/Company) 500 THREE ISLANDS BLVD, 502 (Address) HALLANDALE BEACH, FL. 33009 (City/State and Zip Code) For further information concerning this matter, please call: FANNY JULIA ESTREMADOYRO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:





## 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 Flor	ida Department
of State is:	
2. The Florida document/registration number assigned to this limited liability compa	any is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	30/2022
4. I, JOSE ALFONSO ESTREMADOYRO , hereby withdraw/resign as a (Print Name of Person Resigning)	
PRESIDENT	
(Print Title)	
of this limited liability company and affirm the limited liability company has been resignation in writing.	notified of my
Of cuyo & hewadowy Signature of Dissociating Member or Resigning Manager	
Signature of Dissociating Member or Resigning Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: