416000199246

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600296245946

FILING CANCELLED RETURNED CHECK

03/28/17--01006--005 **25.00

2017 MAR 27 AM 10: 02
SECRETARY OF STATE

K. SALY MAR 2 9 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>Peyin Hendersons</u> Name of Limited Liability (3 Trim, LLC Company	
DOCUMENT NUMBER:	090	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted	
Please return all correspondence concerning this matter to the	e following:	
Mevin Henderson Name of Person		
Mevin Handerson's Trim, I	LIC	
1947 Sunget Ln Address	FILING CANCELLED	
Clermont, FL 34711 City/State and Zip Code	RETURNED CHECK	
hevinnenders State (to be used for future annual report notification).	.com	
For further information concerning this matter, please call:		
Name of Person at (407) Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.		

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILING CANCELLED RETURNED CHECK





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)

	limited liability company as it appears on the records of the Florida Department
of State is:	vin Handerson's Trim, LIC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
LILOCI	0019984LI
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 3/11/17
4.1, Orist	hereby withdraw/resign as a man of Person Resigning)
<u> </u>	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Christi	na Ruslana
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)