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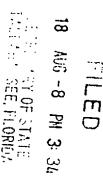
(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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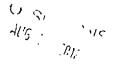
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mike Party Sovices (1). (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:			
MICHAEL Person)			
MIVE & MILLE PCHATAG SEVULUSIUS.			
4318 SW 10 ST (Address)			
Miam, L 33131 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (780) 380-5235 (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: MAILING ADDRESS:			

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassec, Florida 32301



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: Will a Mike Painting Seyvices LLC.
2. The Florida document/registration number assigned to this limited liability company is: Lib () () () () () () () () () () () () ()
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3 13 17 4. I, Michael T. Webel , hereby withdraw/resign as a (Print Name of Person Resigning) Authorited Member . (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)