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(Requestor's Name) (Address)	
(Address) (City/State/Z p/Phone #)	100395916481
Business Entity Name)	\IL
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Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	2022 OCT 18 PH 1: 08
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COVER LETTER

TO: Registration Section Division of Corporations

OLROS SUPPLY, 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:

JUAN CARLOS GONZALEZ

(Contact Person)

OLROS SUPPLY, LIC

(Firm/Company)

1342 HAMPSHIRE PLACE CIRCLE

(Address)

ALTAMONTE SPRINGS, FLORIDA 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN CARLOS GONZALEZ 407 607-4527 _______at (_____)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6527 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED 2022 OCT 18 PM 1:08

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: OLROS SUPPLY, LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L17000039981
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4. I.

(Print Name of Person Resigning), hereby withdraw/resign as a

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

CR2E079 (2/14)