

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Friorite #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica dopies
Special Instructions to Filing Officer:
}
1

Office Use Only



000302491970

08/15/17--01019--014 **25.00

2017 AUG 16 P 4: 09

D RRUCE AUG 17 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIP Floor Installations, 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:	
Vannee teterson (Contact Person)	
UP Floor Installations, LLC (Firm/Company)	
461 Watton Way	
Miramar Beau, 71 32550 (City/State and Zip Code)	
For further information concerning this matter, please call:	77
(Name of Contact Person) at (\$50), \$30, 272 = (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma \text{\$\frac{1}{2}\$} \t	

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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	e Florida Departn	ient
of State is: VI	P Floor Install	ations, LLC		·
2. The Florida docu	ıment/registration number assig	gned to this limited liability	company is:	
L17000	087613	<u></u> .		
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign i	is: 05 01 2	<u> 1</u> 17
4. 1. <u>David</u> (Print N	B Carey Seame of Person Resigning)	hereby withdraw/resign	as a	
_M6R	(Print Tide)			
of this limited lial resignation in wr	pility company and affirm the liting.	imited liability company has		my
Anol6	P.Com		2017 AUG S. L. E. E. ALLAHA!	77
	ssociating Member or Resignin	ng Manager	3 16 4385E	
Filing Fee:	• •		₽ # 0	ED
Certified Copy:	\$30.00 (Optional)		0 c	