L17000089034

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COVER LETTER

COVE	ER LETTER	6
TO: Registration Section Division of Corporations		19 NOV 21 14 18 00
SUBJECT: Commercial Paint Services	ιιc	60 G
(Name of Lin	mited Liability Company)	
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
Ben A Vendette		
(Contact Person)		
Commercial Paint Services LLC		
(Firm/Company)		
1950 Lee Road, Suite 217		
(Address)		
Winter Park, FL 32789		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Ben A Vendette	at (407) 230-0462	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	-
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: S55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, 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	imited liability company as it appears on the records of the Florida Department
of State is:	OMMERCIAL PAINT SERVICES, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L17000	0089034
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>SEFF</u> (Print No.	hereby withdraw/resign as a me of Person Resigning)
MANLGING	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
ME	
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Cerunea Copy:	\$30.00 (Optional)