## 1170000 95216

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	#/		
(Cit	.y/State/Zip/Filone	· #* j		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
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	ocument Number)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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J. V. C.

SECNLIARY OF STATE

#### **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: MER I PAINTING LLC		
	(Name of L	imited Liability Co	mpany)
The e	nclosed member, resignation or disso	ociation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	ng this matter to:	
EILE	EN TORRES-RAMOS		
	(Contact Person)		_
MER	I PAINTING LLC		
	(Firm/Company)		<del></del>
3553	WILES ROADAPT 302		
	(Address)		<del></del>
coc	ONUT CREEK, FL 33073		
	(City/State and Zip Code)		_
For fu	urther information concerning this ma	atter, please call	
EILE	EN TORRES-RAMOS	954 at (	646-6042
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida	Department of State for:
<b>7</b> \$2:	5 Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
- Lallah	hassee, Florida 32301		

CR2E079 (2/14)



# FILED 2018 NOV -7 PH 3: 36

SECRETARY OF STATE TALLAHASSEE, FL

### 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		ne Florida Department	
2. The Florida doc L1700009521	ument/registration number ass	igned to this limited liability	company is:	
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign	is:	
4. I, MANUEL RAMOS  (Print Name of Person Resigning)				
MANAGER	,			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ha	ns been notified of my	
Signature of D	issociating Member or Resign	ng Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			