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COVER LETTER

Division of Corporations
SUBJECT: MOYYOS and MUNOZ CONSTYUCTION 1/C
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Rafael MOVYOS
M+M Construction 11c
4781 SW 744h terrace
Davie, FL 33314 (City/State and Zip Code)
For further information concerning this matter, please call:
Palae at (786) 877 5 56 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department OVYOS AND MUNOZ CONSTVUCTION []
L170001	ament/registration number assigned to this limited liability company is:
4.1. <u>Katael</u> PresiJ	mber/manager withdrew/resigned or will withdraw/resign is: 12/19/19 WOYYO, hereby withdraw/resign as a ame of Person Resigning) Print Tide;
resignation by wri	pility company and affirm the limited liability company has been notified of my ting. ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)