1-17000 126739

(Requestor's Name)			
(Address)			
(Address)			
(Business-Entity Name)			
(Document Number)			
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: MR. EPOXY AND PAINT E	XPERTS, LL	.c
(Name of Lin	nited Liability Co	ompany)
The enclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Ryan T. Sullivan		
(Contact Person)		
(Firm/Company)		
2512 Gotham Way		
(Address)		_
Valrico, FL 33596		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call	:
Ryan T. Sullivan	941 at (730-9397
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



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 a of State is: Mr. Epoxy and Paint Experts, LLC	•
of State is: Mr. Epoxy and Paint Experts, LLC 2. The Florida document/registration number assign L17000126739	ned to this limited liability company is
2. The Florida document/registration number assign L17000126739 3. The date this member/manager withdrew/resigne 4. I, Ryan T. Sullivan (Print Name of Person Resigning) Authorized Member	d or will withdraw/resign is: 11/8/2017 _, hereby withdraw/resign as a
Authorized Member	•
(Print Title)	
of this limited liability company and affirm the ling resignation in writing. Signature of Dissociating Member or Resigning	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	