## L17000132822

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	IECT: ALL MILLWORK, LLC		
	(Name of Limite	d Liability Cor	npany)
The e	nclosed member, resignation or dissociat	ion and fee(s	) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
ALB	ERTO FERREIRA		
	(Contact Person)		_
ALL	MILLWORK, LLC		
	(Firm/Company)	·-····	<del>-</del>
7904	EMPIRE AVENUE		
	(Address)		_
ORL	ANDO, FL 32810		
	(City/State and Zip Code)	-	_
For fu	arther information concerning this matter	, please call:	
ALB	ERTO FERREIRA	954 at (	945-2727
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable to 5 Filing Fee		Department of State for: 3 Fee & Certified Copy
	EET/COURIER ADDRESS: stration Section		MAILING ADDRESS: Registration Section
_	sion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
_	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

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)

	limited liability company as it appears on the records of the Florida Department  MILLWORK, LLC			
2. The Florida document/registration number assigned to this limited liability company is:  L17000132822				
2. The date this ma	mber/manager withdrew/resigned or will withdraw/resign is:			
4. I, ABRAHAM E				
PRESIDENT	ume of t crson resigning)			
<del></del>	(Print Title)			
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.			
Signature of Di	ssociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			