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(Re	equestor's Name)			
(Address)				
. (Address)				
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(Cli	ty/State/Zip/Phone	= #)		
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COVER LETTER

_	ristration Section				
Div	ision of Corporations	•	20 E		
SUBJECT:	LASER REMODELING AND CLEANING SE	ERVICESTLC	AND MONTH		
	(Name of Limit	ed Liability Com	ipany)		
			A.C.		
The enclosed	t Articles of Dissolution and fee(s) are submit	ted for filing.	95 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
Please return	all correspondence concerning this matter to	the following:	· · · · · · · · · · · · · · · · · · ·		
	MARISELA SANCHEZ				
	(Nar	pe of Persoa)			
	(Firm/Company)				
	6724 GAMEWELL RD				
	(Address)				
	JACKSONVILLE, FL 32225				
	(City/Sta	te and Zip Code)			
For further in	niormation concerning this matter, please call.				
MA	RICELA SANCHES	904	338-5072		
	(Name of Person)	2! (Code & Daytime Telephone Number)		
Enclosed is a c	check for the following amount:				
	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS:			
	Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327		ifton Building		
	Tallahassee, FL 32314		61 Executive Center Circle		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	as it appears on the records of the Florida Department
of State is:	ER REMODELING AND CLEAN	NG SERVICES LLC
2. The Florida docu L170000174201	ument/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. I. MARICELA SANCHEZ PINEDA (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MGR		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Signatura of D	issociating Member or Resi	oning Manager
Signature of D	associating internoct of Rest	giinig ivianagei
Filing Fee:	\$25.00 (Required)	
Certified Copy:		