

L17000 222 947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

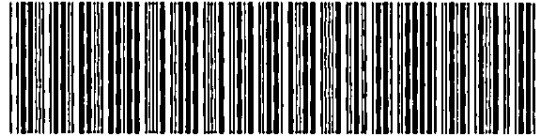
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/22/19--01020--001 \*\*55.00

FILED  
19 JAN 22 PM 5:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. J. HARRIS  
JAN 22 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maderos Design , LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eduards Voronko

(Contact Person)

Maderos Design , LLC

(Firm/Company)

11081 S.W. 236 Terrace

(Address)

Homestead , Florida 33032

(City/State and Zip Code)

For further information concerning this matter, please call:

Eduards Voronko

(Name of Contact Person)

at ( 786 ) 365-1228

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Maderos Design , LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000222947

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/15/2019

4. I, Eduards Voronko, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR (Manager)  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)