# L17000 225 257

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
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(230,1300 2,111,110,110,1
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: 1800 Mastar A.V Duct Cleaving (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:
May (CH )301.5h (Contact Person)
(Contact Person)  (Firm/Company)
13890 NE 3, 1 C+ Ste 3CF
HrTh M. Wi FL 33161 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)
(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 & Certified Copy

#### STREET/COURIER ADDRESS:

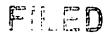
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (2/14)





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SEGAL TALLA MAISTE, FL

### 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
of State is:	oren Moster An Duct Chaning LLC.
	iment/registration number assigned to this limited liability company is:
L1700	10 225 2 5 17
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 11/2//18
4.1. N. O. O. (Přím N	hereby withdraw/resign as a a me of Person Resigning)
Marin	(Print Title)
resignation in wri	· · ·
_ Migun	el India
i . /	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)