

**L17000231167**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

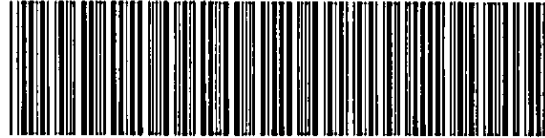
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**800320643988**

11/13/18--01016--010 \*\*25.00

**FILED**  
2018 NOV 13 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Im Resign*

NOV 30 2018

D CONNELL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maverick Restoration, 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:

Rick Mack SR  
(Contact Person)

Maverick Restoration, LLC  
(Firm/Company)

1746 E Silver Star Rd #285  
(Address)

Ocoee, FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rick Mack at (407) 952-7998  
(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

☐ \$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)

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

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

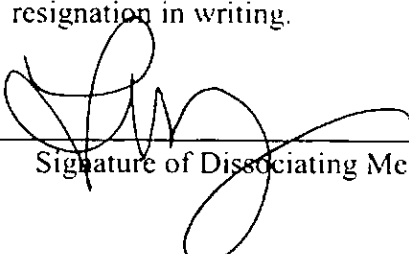
L17000231167

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/07/18

4. I, Luciana Major, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(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)

**FILED**  
2018 NOV 13 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL