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## COVER LETTER

**Registration Section** TO: **Division of Corporations** 

laverick **SUBJECT:** Name of Limited Liability Comp

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

Please return all correspondence concerning this matter to:

Lawrene J. Major MI (Contact Person) Maverick RESTORATION

1694 S. COTA St. (Address)

Drs Plaints, 12 60018 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (773-) 257-0438 (Area Code & Daxtime Telephone Number)

Enclosed please find a check made payable to the Plorida 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)



FILED 2018 DEC 27 PH 2: 80

## 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: Manerick Kistoration, 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:  $\frac{12}{17}$ 

4. 1. <u>Kick Mack SR</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

7m BR

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)