L17000247/85

(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



300307337183

01/08/19--01035--024 **55.00

18 JAN -8 PM 2: 12

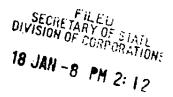
K. SALY JAN 10 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sod Masters & Services LL	C
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Edgar Vila	
(Contact Person)	·
(Firm/Company)	
8070 Cleary Blvd., Unit: 703	
(Address)	
Plantation, FL. 33324	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Edgar Vila	305 562-7750
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida Department of State for: \$\begin{align*} \begin{align*} al
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)





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)

	d Masters & Services LLC
2. The Florida doo	cument/registration number assigned to this limited liability company is:
4. I, Diana Ruiz	hember/manager withdrew/resigned or will withdraw/resign is:
MGMR	Adme of Ferson Resigning)
	(Print Title)
of this limited li- resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Dione	2 Rin.
Signature of D	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)