

L17000254091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

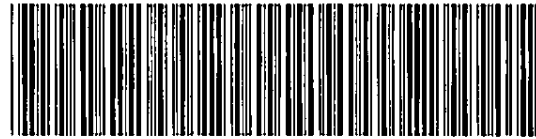
(Business Entity Name)

(Document Number)

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SEP 6 2018  
S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Masters of Disasters Restoration Services 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:

Richard Mendoza Sr.

\_\_\_\_\_  
(Contact Person)

Masters of Disasters Restoration Services LLC

\_\_\_\_\_  
(Firm/Company)

5337 North Socrum Loop Road Unit 229

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

Lakeland, Florida 33809

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Mendoza Sr.

\_\_\_\_\_  
(Name of Contact Person)

at ( 813 ) 618-0254

\_\_\_\_\_  
(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

18 SEP 18 PM 6:08

**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: Masters of Disasters Restoration Services LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000254091

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/30/2018

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

Member

(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)