# L1800000 29699

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

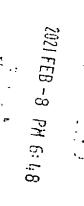
Office Use Only



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MAR 2 5 2021 S. YOUNG



#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: CHILA FULLA FARAGE DESIGNS (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:				
DUSTIN MILLA (Contact Person)				
Central Florina GARAGE DESIGNS				
24106 STATE RUAD 46 # 43				
SORRENTO, FL, 32776 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Contact Person) at (467), 630-8498 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee & Certified Copy				

#### Mailing Address:

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

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



### 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 a	s it appears on the records	of the Florida Department
of State is:	entral FloriDA L	FARAGE DESIGN	is LLC
2. The Florida doc	ument/registration number a	ssigned to this limited lial	bility company is:
	000 29699		,
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/re	sign is:
4. I, (\( \subseteq \) (Print N	1 (TAYLLITY Same of Person Resigning)	, hereby withdraw/re	esign as a
MG	•		
of this limited lia resignation in wr	bility company and affirm the	ne limited liability compar	ny has been notified of my
M	MK		
Signaturo of D	issociating Member or Resig	ning Manager	2021 FEB -8
Filing Fee:	\$25.00 (Required)		7 FE
Certified Copy:			8
			P
			+