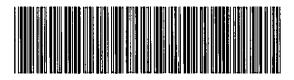
L180000 3 5605

(Re	questor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/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



100351597701

09/08/20--01019--005 **25.00

2020 SEP -8 PH 1: 43
SECRETARY OF STATE
TALLAHASSEF

Ja vollakso

COVER LETTER

TO: 'Registration Section Division of Corporations LAQ CABINET LLC **SUBJECT:** (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: **FELLONG** (Contact Person) LAQ CABINET LLC (Firm/Company) 1006 Trailmore In (Address) Weston FL33326 (City/State and Zip Code) For further information concerning this matter, please call: **FEI LONG** (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

	limited liability company as		s of the Florida Departmen
2. The Florida doc	ument/registration number a	ssigned to this limited lia	bility company is:
	ember/manager withdrew/res		
MGR	(Print Title) bility company and affirm th		
	iting. Can December of Resignment of Resignment (1988)	ning Manager	2020 SEP -8 SECRETARY
	\$25.00 (Required) \$30.00 (Optional)		ARY OF STA