## 118000058301

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plos Vakt 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:
Daniel Morros (Contact Person)
Plas Valet (Firm/Company)
10885 DW 89th Tees X 212
(City/State and Zip Code)
For further information concerning this matter, please call:
Darkel Morzos at (954) 8649472  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	las Volet LLC
2. The Florida docu	ument/registration number assigned to this limited liability company.is:
L1800	20058301
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $03/05/201$ &
4.1, <u>Sas</u>	hereby withdraw/resign as a lame of Person Resigning)
AND 12	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)