118000 122 410

(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



700334353667

09/29/19--01014--004

Pho 18 mon

OCT 0 9 2019

I ALBRITTON

COVER LETTER

Division of Corporations			
NAPLES DEVELOPMENT & I	DESIGN, LL	С	
(Name of Limite	ed Liability Com	pany)	
The enclosed member, resignation or dissociat	ion and fee(s)	are submitted for filing.	
Please return all correspondence concerning th	is matter to:		
Mark Hernandez			
(Contact Person)			
NAPLES DEVELOPMENT & DESIGN, LL	С		
(Firm/Company)			
183 HERNDON AVE			
(Address)			
LEHIGH ACRES, FL 33974			
(City/State and Zip Code)			
For further information concerning this matter.	please call:		
Mark Hernandez	239	560-4870	
(Name of Contact Person)	\	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigs \text{\$\subset}\$ \			

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Pojo

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the PLES DEVELOPMENT & DESIGN, LLC	Florida Departm
2. The Florida doc L1800012241	ument/registration number assigned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	08/26/2019
Guillermo Tr	inidad	i
(Print N	, hereby withdraw/resign as lame of Person Resigning)	
Title Authoriz	ed Member	
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has biting.	ocen notified of r
		<u> </u>
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	