## L18 000154495

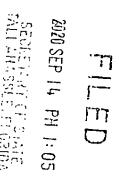
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Certified copies Certificates of Status					
Special Instructions to Filing Officer:					





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V.S

## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	ECOCARE BUILDING SOLUTIONS,	LLC				
(Name of Limited Liability Company)						
The encl	osed member, resignation or dissociati	on and fee(s)	are submitted for filing.			
Please ro	eturn all correspondence concerning the	is matter to:				
Maria E.	Villegas					
	(Contact Person)	··· – – ···				
Ecocare E	Building Solutions					
	(Firm/Company)					
PO Box 9	6-0654					
	(Address)					
Miami, Fl	L. 33296					
	(City/State and Zip Code)					
For furth	ner information concerning this matter,	please call:				
Maria E.		305 at (	219-9168			
	(Name of Contact Person)	<del></del>	& Daytime Telephone Number)			
Enclosed	d please find a check made payable to t	the Florida D	epartment of State for:			
	•		Fee & Certified Copy			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	Fallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	i aiiaiid5500, 1 L 32314		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	as it appears on the records of the Flo	rida Dep	artment
of State is:	CARE BUILDING SOLUTIONS	S, LLC.		·
2. The Florida doci	ument/registration number	assigned to this limited liability comp	oany is:	
L18000154495				
		esigned or will withdraw/resign is:		2020 SEP 14
(Print N	ame of Person Resigning)	, hereby withdraw/resign as		-
Manager				P ii
	(Print Title)		····(	<u> </u>
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability company has bee	ninotified	<b>R</b> f my
anad	à Lenziel			
Signature of Di	issociating Member or Resi	igning Manager		
_	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			