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SECRELARY OF STATE

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COVER LETTER

Division of Corporations J UNIQUE DESIGN AND CONSTRUCTION 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: JAVIER GONZALEZ (Contact Person) J UNIQUE DESIGN AND CONSTRUCTION LLC (Firm/Company) 601 S FRANCISCO ST UNIT A (Address) **CLEWISTON FL 33440** (City/State and Zip Code) For further information concerning this matter, please call: JAVIER GONZALEZ (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

CR2E079 (2/14)

TO:

Registration Section



FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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)

	he limited liability company as it appears on the records of the Florida Department UNIQUE DESIGN AND CONSTRUCTION LLC
	ocument/registration number assigned to this limited liability company is:
MVRIAMIA	member/manager withdrew/resigned or will withdraw/resign is: ARRINUA
MANAGER	(Print Title)
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)