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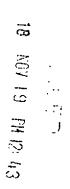
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations		
SUBJECT:	C&C UMANZOR PAINTIN	G LLC	
Sommer.	(Name of Li	mited Liability Cor	mpany)
The enclosed	I member, resignation or dissoc	ciation and fee(:	s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
CREISTIE	_ CHIRINO-UMANZOR		
	(Contact Person)		_
C&C UMAI	NZOR PAINTING LLC		
	(Firm/Company)		_
5885 EDEN	NFIEL RD APT G6		
	(Address)	-	_
JACKSON'	VILLE FLORIDA 32277		
	(City/State and Zip Code)		_
For further in	nformation concerning this made	ter, please call:	
CREISTIEI	_ CHIRINO	904 at (3005540
(N	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of C Clifton Build	•		Division of Corporations P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
	Florida 32301		rananassee, riotiga 32317



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 it app C UMANZOR PAINTING LLC	pears on the records of the Florida Department
2. The Florida doc L1800019376	-	d to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:
4. I. BRYAN A C.	ABALLERO-ALVARENGA	. hereby withdraw/resign as a
(Print S	Name of Person Resigning)	
MEMBER		
	(Print Title)	
of this limited lia resignation in wr		ited liability company has been notified of my
4	Colaler	
Signature of D	issociating Member or Resigning I	Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	