L18000244339

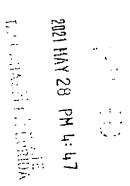
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| (Execument Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section Division of Corporations

| A&J PAINTING FORT MYERS SUBJECT: | AND RENOVA | TIONS LLC |
|---|-------------------|---------------------------------|
| | Limited Liability | Company) |
| The enclosed member, resignation or diss | ociation and fo | ee(s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter | to: |
| ANDREA JERIA | | |
| (Contact Person) | | |
| A&J PAINTING FORT MYERS AND RENOVA | ATIONS LLC | |
| (Firm/Company) | · | |
| 2152 WHITE PINE CIR APT C | | |
| (Address) | | |
| GREENACRES FLORIDA 33415 | | |
| (City/State and Zip Code) | | |
| For further information concerning this m | atter, please ca | ıll: |
| ANDREA JERIA | 239 at (| 8100825 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed please find a check made payable | le to the Florid | a Department of State for: |
| ■ S25 Filing Fee | | ling 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 81 |

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)

| | PAINTING FORT MYERS AND RENOVAT | s on the records of the Florida Departme | ent |
|------------------------------------|---|--|---------|
| 2. The Florida doc L18000244339 | ument/registration number assigned to | this limited liability company is: | |
| TOOR DESIRED | ember/manager withdrew/resigned or w | | _ |
| (Print) | , here dame of Person Resigning) | 2021 IAY | |
| of this limited lia | (Print Title) bility company and affirm the limited l | liability company has been notified of n | ny |
| resignation in wr | Lose Tennise | PH 4: 47 | |
| Signature of D | sociating Member or Resigning Mana | nger \Rightarrow^{r} | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |