

L18000 255 123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

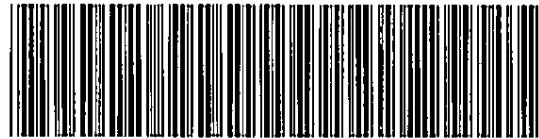
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/15/21
9/22
JH

Office Use Only



100370081811

03/30/21--01006--003 **55.00

07/23/21--01015--024 **35.00

FILED
2021 SEP 22 PM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL 32310



FLORIDA DEPARTMENT OF STATE
Division of Corporations

21 SEP 22 AM 7:57

August 6, 2021

REYMUNDO J MIRANDA
7428 SW 48TH STREET
MIAMI, FL 33155 US

SUBJECT: ALL PRO PERMITTING SERVICES LLC
Ref. Number: L18000255123

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 921A00018699

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Pro Permitting Services, LLC.

(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:

Reymundo J. Miranda

(Contact Person)

All Pro Permitting Services, LLC.

(Firm/Company)

7428 SW 48th Street

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Reymundo J. Miranda

(Name of Contact Person)

305 661-0800
at (_____) _____
(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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED

2021 SEP 22 PM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

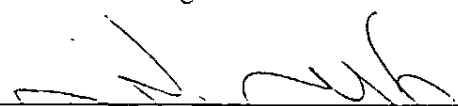
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: All Pro Permitting Services, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
118000255123

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/26/2021

4. I, Leybis Cutino, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)