L18000 266 877

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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Miss Masignation

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mario Bros Mestoration, L.L. (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:				
Britany Mamey (Contact Person)				
Mario Bros Mestoration L.L.C. (Firm/Company)				
5916 La Moya Ave				
Jacksonville FL 32210 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Britany Pamey at (904) 453-1658 (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				
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations				

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



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)

		s on the records of the Florida Department
of State is:	lario Brosthe	Storation [
	ment/registration number assigned to	this limited liability company is:
L18000	266877	
→ :		vill withdraw/resign is: 10/7/2019
4. I, 100ev	+ DamaSCO, her	reby withdraw/resign as a
mama	Print Title)	
of this limited liab resignation in wri		liability company has been notified of my
Signature of Di	ssociating Member or Resigning Man	ager
Filing Fee:	\$25.00 (Required)	2019 OCT
Certified Copy:	\$30.00 (Optional)	0CT
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