L19000004646

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

TO: Registration Section	
Division of Corporation	ns
AVA Stucco Service SUBJECT:	s, LLC.
	(Name of Limited Liability Company)
The enclosed member, resignat	ion or dissociation and fee(s) are submitted for filing.
Please return all correspondenc	e concerning this matter to:
Sandra Vasilakis	
(Contact Pe	rson)
AVA Stucco Services, LLC.	
(Firm/Comp	pany)
3433 Lithia Pinecrest Suite 284	
(Address))
Valrcio FL 33596	
(City/State and	Zip Code)
For further information concern	ning this matter, please call:
Sandra Vasilakis	407 670-5890 at ()
(Name of Contact Pers	
Enclosed please find a check m \$\mathbb{\varpia}\$ \$25 Filing Fee	ade payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporation	Registration Section Section Division of Corporations
P O Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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FLORIDA DEPARTMENT OF STATE TO THE CORP.

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		y company as it a	ppears on the records of the Florida Department
2. The Florida doc L19000004646	ument/registrati	ion number assigi	ned to this limited liability company is:
3. The date this me	ember/manager	withdrew/resigne	d or will withdraw/resign is:
4. I, Luis Lopez	Name of Person Re	signing)	_, hereby withdraw/resign as a
Manager			
of this limited lia resignation in w	riting.	and affirm the lit	nited liability company has been notified of my
Luis (Lopez	09/12/24	
Signature of D	issociating Men	nber or Resigning	Manager
Filing Fee: Certified Copy:	•	-	