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(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	2 #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:		stration Section don't l'Eurporations				
SUBJ	r/T-	MR EW RENOVATIONS LLC	0			
SU Do	1.1, 1.	(Name of Limited Daibility Company)				
The er	กต่อระเ	d member, resignation or dissocia	ation and feet	scare submitted for filing.		
Please	returi	all correspondence concerning t	his matter to.			
Elias	Quiro	z Moreno				
		(Contact Person)		_		
		(Firm Company)		_		
6518	SEC	REST CT				
		(Address)		-		
TAM	PA, F	L 33625				
		(City State and Zip Code)		_		
For fu	irther i	nformation concerning this matte	er, please call	:		
Kevir	n Fern	nandez	347 at (322-5512		
	13	Same of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
	sed plo 5 Filin	ease find a check made payable to g Fee	the Florida □ \$55 Filin	Department of State for: g Fee & Certified Copy		
Regis Divis Clifto 2661	rration ion of on Buil Execu	OURIER ADDRESS: (Section Corporations ding tive Center Circle (Florida 32301)		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

GR20 (1992) 19



ILORIDA DEPARAMINTO ESTATE. DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Fiorida Statutes)

	limited liability company a	is it appears on the records of the l	Florida Department
2. The Florida docs L1900000698		assigned to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew re	signed or will withdraw/resign is:	08/21/2019
4. 1. Wilduer Correa (Prim Name of Person Resigning)			
(Prim N AMBR	'ame of Person Resigning)		
	Print Litter bility company and affirm t	the limited liability company has t	peen notified of my
	Vin Cuir		
Signature of D	sociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30,00 (Optional)		