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

TO:	_	stration Section ion of Corporations		•		
SUBJ.	ECT:	Wood Store Services, LLC				
1901301		(Name of Limited Liability Company)				
The en	iclosed	l member, resignation or disso	ociation and fee(s	e) are submitted for filing.		
Please	return	all correspondence concernit	ng this matter to:			
Carlo	s A M	esa				
		(Contact Person)		_		
Mesa	Litiga	ition				
		(Firm/Company)		_		
4960	SW 7	2 Avenue Suite 206				
		(Address)		_		
Miam	i, Flor	ida 33155				
		(City/State and Zip Code)		_		
For fur	rther ir	nformation concerning this ma	atter, please call:			
Carlo	s A M	esa	305 at (569-3005		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
Enclos	-	ase find a check made payabl ; Fee		Department of State for: Fee & Certified Copy		
Regista Divisio Cliftor 2661 E Tallaha	ration on of C n Build Execut assee,	ive Center Circle Florida 32301	(MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
CR2E079	9 (2/14)					



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)

Wo	od Store Services, LLC	as it appears on the records of the Flori	-
2. The Florida doc £1900003494	cument/registration number :	assigned to this limited liability compa	
4. I, Gina Suleim	ember/manager withdrew/rene Finol Villalobos Name of Person Resigning) Member (AMBR)	esigned or will withdraw/resign is:, hereby withdraw/resign as a	ne.12, 2019
resignation in w	•	the limited liability company has been to the liability liab	notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		