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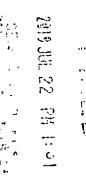
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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#### **COVER LETTER**

Division of Corporations
SUBJECT: Leo's Tile & Stone Installation, 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:
Sergio F Alves (Contact Person)
(Firm/Company)
2574 Hidden Cove Ln (Address)
Clearwater, FL 33763 (City/State and Zip Code)
For further information concerning this matter, please call:
Sergio Alves at (727) 412-3874 (cell) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\cong}\$}}}\$\$ \$\sum{\$\sum{\$\sum{\$\cong}\$}}\$\$ \$\sum{\$\sum{\$\sum{\$\cong}\$}}\$\$ \$\sum{\$\sum{\$\sum{\$\cong}\$}}\$\$ \$\sum{\$\sum{\$\sum{\$\cong}\$}}\$\$ \$\sum{\$\sum{\$\cong}\$}\$\$ \$\sum{\$\sum{\$\cong}\$}\$\$ \$\sum{\$\sum{\$\cong}\$}\$\$ \$\sum{\$\cong}\$\$ \$\sum{\$\cong}\$\$\$ \$\$

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### MAILING ADDRESS:

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



### 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: Leo's Tile & Stone Installation, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L19000093160
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{9/19/2019}{}$
4. 1, Sergio F. Alves , hereby withdraw/resign as a (Phint Name of Person Resigning)
AP (Authorized Representative)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
54000
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)