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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: &M Quest Holding LCC (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:
Elisa Mirabal (Contact Person)
(Contact Person)
em Quest Holding CZC (Firm/Company)
14222 SW 25 TER. (Address)
MIDMI, FL 33145 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 241-7926 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 r	ecords of the Fl	orida Depar	tment
of State is:		· EM Qu	rest Holdin	3 LLC		·
2. The Florida docu	ıment/registratio	on number assi	gned to this limi	ted liability com	npany is:	
	001156	<u></u>	·			1
3. The date this me	mber/manager v	vithdrew/resign	ned or will withd	lraw/resign is: _	07/21	20
4.1, <u> </u>	Arma	<u>S</u> _	, hereby with			
(Print N	ame of Person Resi	igning)				
MGR						
	(Print Title)					
of this limited liab	oiliky company a	and affirm the l	imited liability o	rompany has bee	en notified c	ıf mv
resignation in wri	ying.			,onipany nas sec	en nomed c	,
	m	~~	_		٠.	
Signifure of Di	ssociating Mem	ber or Resignir	ng Manager	_	SECRETAR TALLAH	T
Filing Fee:	\$25.00 (Requ	uired)			AHA AHA 2	· •
Certified Copy:	\$30.00 (Opti	onal)			RY OF STATA	