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TO: Registration Section **Division of Corporations** ORIGINAL FLORIDA PAINTING COMPANY SUBJECT: (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: ROBERT FLEEGE (Contact Person) ORIGINAL FLORIDA PAINTING COMPANY (Firm/Company) 2709 MANOR HILL DRIVE (Address) **BRANDON, FLORIDA 33511** (City/State and Zip Code) For further information concerning this matter, please call: ROBERT FLEEGE 813 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ S55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





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)

	limited liability company as it appears on the records of the Florida Department GINAL FLORIDA PAINTING LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
MATHAMA	ember/manager withdrew/resigned or will withdraw/resign is: NG, hereby withdraw/resign as a lame of Person Resigning)
	(Print Title)
resignation in wr	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)