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| Division of Corporations |
|---|
| SUBJECT: HAINES CITY APPLIANCE JLC (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: |
| LUIS DAVILA ESQ. (Contact Person) |
| DAVILA STORRES PA. (Firm/Company) |
| GIIN. MAIN ST. STE, 5 (Address) |
| MISSIMMEE, FL. 34744 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| LUIS DAVILA at (407) 933-0307 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: |

STREET/COURIER ADDRESS:

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

☐ \$55 Filing Fee & Certified Copy

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

MAILING ADDRESS: Registration Section

CR2E079 (2/14)

\$25 Filing Fee

TO:

Registration Section



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 De | epartment |
|--|--|----------------------------|
| of State is: H | AINES CITY APPLIANCE, LLC | |
| 2. The Florida doci | ument/registration number assigned to this limited liability company is | : |
| L19000 | 156330 | |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: 7 | 2019 |
| 4. I, ALEX (Print N | A. ESTEVEZ , hereby withdraw/resign as a jame of Person Resigning) | |
| m 6 R | (Print Title) | |
| of this limited lial resignation in wr | bility company and affirm the limited liability company has been notifiting. | led op my (5.5) |
| | Issociating Member or Resigning Manager | -8 PH/2: 09 |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | i. 09 |