L19000184247

(R	Requestor's Name)			
(Address)				
(Address)				
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section	e de la companya de l
Division of Corporations	·
MARBLE & GRANITE COUNTERTOPS SUBJECT:	
(Name of Limited Li	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
IVAN CORREDOR	
(Contact Person)	
PRES	
(Firm/Company)	
663 NW PRIMA VISTA BLVD	
(Address)	
PORT SAINT LUCIE,FL,34983	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
IVAN CORREDOR 7	72 3018920
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
■ \$25 Filing Fee □ \$	55 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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION DE MEMBER MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it a	ppears on the records of the Florida Department LC
L19000184247	cument/registration number assign	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	ed or will withdraw/resign is:
	Name of Person Resigning)	_, hereby withdraw/resign as a
MGR	(Print Title)	
resignation in w	ability company and affirm the li	mited liability company has been notified of my
_	\$25.00 (Required) \$30.00 (Optional)	