

L19000188445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

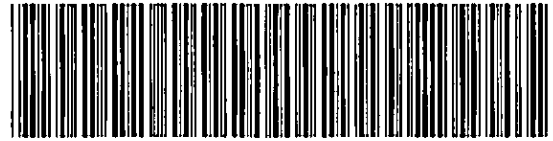
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800344022088

05/06/20--01012--000 \$125.00

S TALLENT

MAY 21 2020

2020 MAY -6 PM 5:30

DSS/Resign  
m/m

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 30a Property Care and Improvements  
(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:

Randy N. Ozuno  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

81 Tropical way  
(Address)

Freeport, FL 32439  
(City/State and Zip Code)

For further information concerning this matter, please call:

Randy N. Ozuno at ( 850 ) 868-1870  
(Name of Contact Person) (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:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: 30a Property Care & Improvements, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000188445

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-27-20

4. I, Mauro Alberto Ramos, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2020 MAY -6 PM 5:30