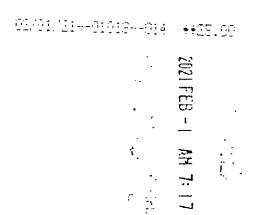
## L19000189627

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(D.a	antada Nama)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requi	estors Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		<u>-</u>	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addre	ess)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addre	ess)	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/S	State/Zip/Phone	#)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
(Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	(Busin	ess Entity Nam	e)
Certified Copies Certificates of Status	`	,	•
Certified Copies Certificates of Status	(Docu	ment Number)	
	(5000)	meneral moery	
Special Instructions to Filing Officer:	Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:			
	Special Instructions to Fili	ing Officer:	Ì
			t

Office Use Only



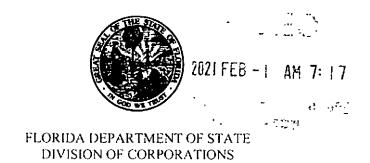
500358674515



O SIMMONE MAR 15 2021

## COVER LETTER . . .

TO: Registration Section Division of Corporations		
B. Matthews Painting LLC SUBJECT:		
	of Limited Liability Co	ompany)
The enclosed member, resignation or d	lissociation and fee	(s) are submitted for filing.
Please return all correspondence conce	rning this matter to	<b>:</b>
Nicole Dunn		
(Contact Person)		_
B. Matthews Painting LLC		
(Firm/Company)		<del>_</del>
251 Leisure Circle		
(Address)		_
Port Orange FL 32127		
(City/State and Zip Code)	,	<del></del>
For further information concerning this	s matter, please call	:
Nicole Dunn	386 at (	6817891
(Name of Contact Person)	<del></del>	le & Daytime Telephone Number)
Enclosed please find a check made pay S25 Filing Fee		Department of State for: ng 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



## 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 thews Painting LLC
	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Nicole Achiev Dr	
MGR/Owner	
(	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Mirol	2 A Dun
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)