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COVER LETTER

Divi	sion of Corporations				
SUBJECT:	MEMBER DISSOCIATION (Y	ASHIRA M FIGUE	EROA)		
(Name of Limited Liability Company)					
The enclose	d member, resignation or dis	ssociation and fe	e(s) are submitted for filing.		
Please return	n all correspondence concern	ning this matter t	o:		
HERNAN D I	DIAZ				
	(Contact Person)				
BLACKSTON	NE INSTALLATION GROUPS				
	(Firm/Company)				
604 TAMARI	N LANE				
	(Address)				
KISSIMMEE.	FLORIDA 34759				
	(City/State and Zip Code)				
For further i	nformation concerning this	matter, please ca	II:		
HERNAN D I	DIAZ	321 at (806-7501		
(1)	Name of Contact Person)		de & Daytime Telephone Number)		
Enclosed ple	ease find a check made paya	ble to the Florida	a Department of State for:		
■ \$25 Filin			ing Fee & Certified Copy		
	ng Address:		Street Address:		
	stration Section		Registration Section		
	sion of Corporations Box 6327		Division of Corporations		
·=	Box 6327 ihassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 819		
1 alla	таоэсс, г.с. 52514		Tallahassee, FL 32303		

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)

	Elimited liability company as CKSTONES INSTALLATION GR	it appears on the records of the Florida Department COUPS, LLC	nt
2. The Florida doc L19000210096	ument/registration number as	signed to this limited liability company is:	
VACIJIDA MAI	DIE EIGHEROA ROSARIO	gned or will withdraw/resign is: 3/1/2020, hereby withdraw/resign as a	
(Print N MGR	lame of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been notified of my	У
JA	P		
Filing Fee:	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	2020 MAR TO 2020 MAR TO 203 GN OF CO 203 GN OF CO	