

L1900022579C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

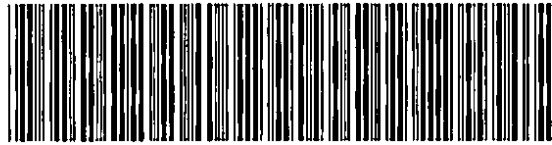
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700336715807

11/19/19-10017--006 \*\*25.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 19 PM 2:04

disc of number

DEC 16 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Skyline relocation Services LLC

(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:

Ning Wu

(Contact Person)

Skyline Relocation Services LLC

(Firm/Company)

17145 North Bay Road Apt 4206

(Address)

Sunny iSles Fl 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Ning Wu

469

5001929

at ( )

(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

19 NOV 19 PM 2:04

CLERK OF STATE  
DIVISION OF CORPORATIONS

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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



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: Skyline Relocation Services

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

L19000225790 AU

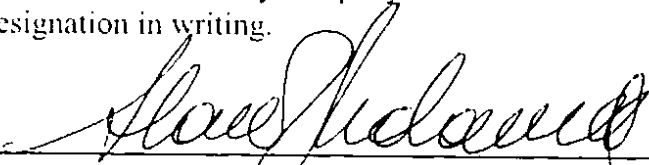
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/01/2019

4. I, Alan Vidaurre, 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 by my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 19 PM 2:30L

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