U9000306346

| (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: | | | | | |
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Office Use Only



600369595466

SEGRETARY OF STATE

Company of the Compan

COVER LETTER

| _ | distration Section dision of Corporations | | |
|---------------|---|---------------------------------------|--|
| SUBJECT | Spot on Builders LLC | | |
| | | Limited Liability Cor | mpany) |
| The enclose | ed member, resignation or dis | sociation and fee(s | s) are submitted for filing. |
| Please retur | rn all correspondence concerr | ing this matter to: | |
| Anthony Voc | caturo | | |
| | (Contact Person) | | _ |
| The Hassle F | ree Group LLC | | |
| | (Firm/Company) | · · · · · · · · · · · · · · · · · · · | _ |
| 3208 9th St V | V | | |
| | (Address) | | |
| Lehigh Acres | s, Florida 33971 | | |
| | (City/State and Zip Code) | | _ |
| For further | information concerning this r | natter, please call: | |
| Anthony Voc | eaturo | 239 at (| 345-0300 |
| (1 | Name of Contact Person) | | & Daytime Telephone Number) |
| Enclosed pl | lease find a check made payal | ole to the Florida D | Department of State for: |
| ■ \$25 Filir | | | Fee & Certified Copy |
| <u>Mail</u> | ling Address: | | Street Address: |
| Reg | istration Section | | Registration Section |
| | ision of Corporations | | Division of Corporations |
| | . Box 6327 ahassee, FL 32314 | | The Centre of Tallahassee |
| 1 (11) | anassec, f1, 52514 | | 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 of State is: Spot | e limited liability company as on Builders LLC | s it appears on the records (| of the Florida Department |
|--------------------------------------|--|---------------------------------------|--|
| | rument/registration number a | ssigned to this limited liab | ility company is: |
| | ember/manager withdrew/res MarPar Enterprises LLC | signed or will withdraw/res | |
| (Print : | Name of Person Resigning) | · · · · · · · · · · · · · · · · · · · | |
| resignation in w | ability company and arthrm the riting. | | y has been notified of my SECRETAL TALLAR |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | - 0 | NY OF STATE |