120000 87049

(Requestor's Name)
(Address)
(Address)
(12122)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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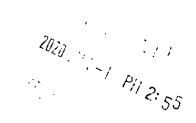
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COVER LETTER

~	sion of Corporations			
SUBJECT:	M.R. RESTORATION SERVIC	ES, LLC		
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.	
Please return	all correspondence concern	ning this matter to	:	
MICHAEL G	ALARCON JARRO			
	(Contact Person)			
M.R. RESTOR	ATION SERVICE, LLC			
	(Firm Company)		_	
1138 HAROLE	DAVE			
	(Address)		_	
LIHIGH ACR	ES. FL 33973			
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		_	
For further it	nformation concerning this r	natter, please call	;	
MICHAEL AL	ARCON	239	2194089 _)	
(N	ame of Contact Person)	(Area Cod	le & Daytime Telephone Number)	
Enclosed ple ■ \$25 Filing	ase find a check made payat g Foe		Department of State for: ng Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section tion of Corporations Box 6327 hassee, 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)

	limited liability company as it appears on the records of the Florida Departmen RESTORATION SERVICES, LLC
2. The Florida doc L20000087049	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
DU24 DIM A C'E	
AMBR	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Picaro	o Acrupto Obrale.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)