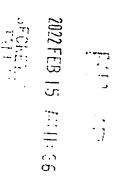
120000 116550

| (R | equestor's Name) |
|-------------------------|------------------------|
| (A | ddress) |
| (A) | ddress) |
| (C | ity/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (B | usiness Entity Name) |
| (D | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | Office Use Only |



400381727514

02/15/22--01009--003 **55.00



COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---|------------------------|----------|---------------|--|
| SUBJECT: 4H GLAS | S SERVICES LLC | | | |
| | (Name of L | imited | Liability Cor | прапу) |
| | | | | s) are submitted for filing. |
| Please return all corre | spondence concerni | ng this | matter to: | |
| YOANDIS HERNANDE | Z AGUILA | | | |
| • | (Contact Person) | | | _ |
| 4H GLASS SERVICES L | LC | | | |
| | (Firm/Company) | | | _ |
| 2025 MADISON ST APT | 9 | | | |
| | (Address) | | | _ |
| HOLLYWOOD FL 33020 |) | | | |
| (Ci | ty/State and Zip Code) | | | _ |
| For further informatio | n concerning this m | atter, p | olease call: | |
| YOANDIS HERNANDEZ | Z AGUILA | at | 786 (| 718-8190 |
| (Name of Co | ontact Person) | | | & Daytime Telephone Number) |
| | ı check made payabl | | | Department of State for: |
| ☐ \$25 Filing Fee | | | 555 Filing | g Fee & Certified Copy |
| Mailing Address | | | | Street Address: |
| Registration Se Division of Co | | | | Registration Section Division of Corporations |
| P.O. Box 6327 | • | | | The Centre of Tallahassee |
| Tallahassee, F | L 32314 | | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

CR2E079 (2/14)



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)

| | de limited liability company as it appears on the record | s of the Florida Department |
|---|---|-----------------------------|
| 2. The Florida doc L20000116550 | cument/registration number assigned to this limited lia | ability company is: |
| 3. The date this m | nember/manager withdrew/resigned or will withdraw/r | 02/08/2022 esign is: |
| OPIALYS CAR | | |
| AR | nume of version resigning) | |
| | (Print Title) | |
| of this limited lia resignation in w | ability company and affirm the limited liability compariting. | my has been notified of my |
| Erra | less: | |
| Signature of D | Dissociating Member or Resigning Manager | 202. |
| - | \$25.00 (Required) \$30.00 (Optional) | PES / |
| certified copy. | φ.ν.ου (Οριιοπαι) | CD) |