## 62000127216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

۹

Ľ,



10/30/20--01014--022 \*\*55.00

c

## DEC 1 , 1 --

.

ASS MW

12 :011.2 vol.2.30 v. 2

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

Screaming Motors Paint & Repair LLC. SUBJECT:

(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:

Noel Martinez

••

(Contact Person)

Screaming Motor Paint & Repair LLC.

(Firm/Company)

3615 Lenox ave.

(Address)

Jacksonville FL 32254

(City/State and Zip Code)

For further information concerning this matter, please call:

 Noel Martinez
 at (\_\_\_\_\_)

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsis \$25 Filing Fee \$\Bigsis \$55 Filing Fee & Certified Copy\$

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee, 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)

- 2. The Florida document/registration number assigned to this limited liability company is: 1.20000127216
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:  $\frac{10/28.2020}{2000}$
- 4.1. Lizzette Martinez \_\_\_\_\_, hereb

\_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person

AP

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)