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(Requestor's Name)				
(Address)				
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(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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Registration Section

TO:

Division of Corporations STALO CONSTRUCTIONS, 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: Jose Cueva (Contact Person) Stalo Constructions, LLC (Firm/Company) 5966 S Dixie Hwy, Ste 300 (Address) Miami, FL 33143 (City/State and Zip Code) For further information concerning this matter, please call: Jose Cueva (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Street Address: Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

Stalo	limited liability company a Constructions, LLC	s it appears on the records of th	e Florida Department
2. The Florida doc L20000129520	ument/registration number a	assigned to this limited liability	company is:
4. I, VINCIO (Print N	Conry	signed or will withdraw/resign, hereby withdraw/resign	,
of this limited lia		he limited liability company ha	s been notified of my
resignation in w			
Signature of D	issociating Member or Resig	gning Manager	~
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7020 JUN (