L20000315047

(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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TO: Regi:	stration Section		
	sion of Corporations		
	,,on or confront		
	PRO FLOORING TAMPA, LLC		
SUBJECT:			
	(Name of Lim	ited Liability Co	mpany)
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
ALEXANDER	R MENDOZA		
	(Contact Person)		
PRO FLOORI	ING TAMPA LLC		
	(Firm/Company)		_
7346 BROOK	VIEW CIR		
	(Address)		
TAMPA, FL 3	33634		
	(City/State and Zip Code)		_
		1 11	
For further i	nformation concerning this matte	er, please call:	
AI EXANDE	R MENDOZA	813	3000781
		_ at (
(1)	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
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-	ease find a check made payable t		g Fee & Certified Copy
■ \$25 Filin	g ree	_ \$35 FIIII	g ree & Centiled Copy
	ng Address:		Street Address:
	stration Section		Registration Section
	sion of Corporations		Division of Corporations
	Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810

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)

	e limited liability company a FLOORING TAMPA LLC	s it appears on the records of the Florida Department
2. The Florida doc L20000315047		assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:, hereby withdraw/resign as a
		he limited liability company has been notified of my
-	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning Manager