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### **COVER LETTER**

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	Precise Framing & Carpentry L	LC	
	(Name of	Limited Liability Co	mpany)
The enclosed	d member, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please return	all correspondence concerr	ning this matter to:	:
April Knight			
	(Contact Person)		_
Precise Framir	ng		
	(Firm/Company)		_
511 Murray St			
	(Address)		_
Osteen, FL 32	764		
•	(City/State and Zip Code)		<del>-</del>
For further in	nformation concerning this t	matter, please call:	:
April Knight		407 at (	9253844
(N	fame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made paya	ble to the Florida	Department of State for:
S25 Filing			g Fee & Certified Copy
Maili	ng Address:		Street Address:
	stration Section		Registration Section
Divis	sion of Corporations		Division of Corporations
	Box 6327	•	The Centre of Tallahassee
Talla	hassee, FL 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)

D: F	ted liability company as it	••	ords of the Florida De	partment
2. The Florida documen	t/registration number assi	gned to this limited	I liability company is:	
3. The date this member	-/manager withdrew/resigr	ned or will withdra	w/resign is:	
Tonga II days dellar		, hereby withdraw/resign as a		
(Print Name o	f Person Resigning)			
Pres				
(Print	Title)			
of this limited liability resignation in writing.	company and affirm the l	imited liability cor	npany has been notifie	ed of my
Signature of Dissoci	ating Member or Resignir	ng Manager		20
Filing Fee: \$ Certified Copy: \$				2023 JUL 1 L

#### **COVER LETTER**

**Division of Corporations** Precise Framing & Carpentry 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: April Knight (Contact Person) Precise Framing (Firm/Company) 511 Murray St (Address) Osteen, FL 32764 (City/State and Zip Code) For further information concerning this matter, please call: April Knight 9253844 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee **№** \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section