## L21.000 105475

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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J. HORNE				
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## **COVER LETTER**

_	istration Section ision of Corporations					
SUBJECT:	S&H Stucco, LLC.					
		(Name of Limited Liability Company)				
The enclose	ed member, resignation or dis	sociation and fee(s	s) are submitted for filing.			
Please retur	n all correspondence concern	ing this matter to:				
Sandra Vasila	akis					
	(Contact Person)		_			
AVA Stucco	Services, LLC.					
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_			
3433 Lithia P	inecrest Suite 284					
	(Address)		_			
Valrcio FL 33	3596					
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	_			
For further	information concerning this n	natter, please call:				
Sandra Vasila	akis	407 at (	670-5890			
(1)	Name of Contact Person)		& Daytime Telephone Number)			
Enclosed pl	ease find a check made payat	ole to the Florida D	Department of State for:			
■ \$25 Filir	ng Fee	☐ \$55 Filing	g Fee & Certified Copy			
	ing Address:		Street Address:			
_	istration Section sion of Corporations		Registration Section Division of Corporations			
	Box 6327		The Centre of Tallahassee			
	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CR2E079 (2/14)





## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability  H Stucco, LLC.		ppears on the records of the Florida Department
2. The Florida doc 1.19000004646	ument/registratio	n number assig	ned to this limited liability company is:
3. The date this me	mber/manager w	rithdrew/resigne	d or will withdraw/resign is:
4. I, Luis Lopez  (Print Name of Person Resigning)			
Manager			
of this limited lia resignation in wr	iting.	nd affirm the li	nited liability company has been notified of my
Luis La	ppez	09/12/24	
Signature of D	issociating Memb	per or Resigning	Manager
Filing Fee: Certified Copy:			