

K21 000 131237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

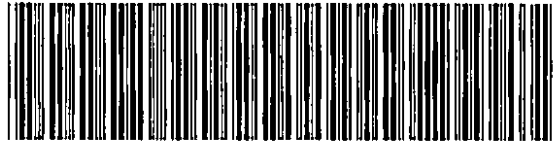
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/22/21

Office Use Only



000374702910

10/13/21-- 01011--005 **25.00

FILED

2021 OCT 13 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

PAVERS ENTERPRISE 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:

ALFREDO MERCADO

(Contact Person)

PRIME TAX SOLUTIONS LLC

(Firm/Company)

50 N LAURA ST STE 2500

(Address)

JACKSONVILLE, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

ALFREDO MERCADO

904

729-0372

(Name of Contact Person) at (_____) _____
(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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED

2021 OCT 13 AM 9:08

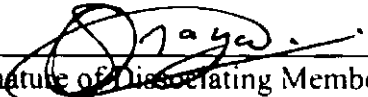
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PAVERS ENTERPRISE LLC
2. The Florida document/registration number assigned to this limited liability company is: L21000131237
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2021
4. I, GEFREXENDER BRAGA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MBR
(Print Title)

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

x 
Signature of Dissociating Member or Resigning Manager

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