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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates	of Status		
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COVER LETTER

Division of Corporations	
Volt Pro Electrical Services, LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this t	natter to:
Juan Silva	
(Contact Person)	
Volt Pro Electrical Services	
(Firm/Company)	
2405 Venice Ave N.	
(Address)	
Lehigh Acres, Florida 33971	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
	239 284 - 3701
	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 Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE, FLORE

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)

		t appears on the records of the Florida Department
of State is: Volt	Pro Electrical Services, LLC	·
2. The Florida doc L21000239924	:umen√registration number ass	igned to this limited liability company is:
3. The date this m	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I. Melissa Torres Silva (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	_
MANAGER		
	(Print Title)	
of this limited lia resignation in w		limited liability company has been notified of my
T V	arted Tierral	
Signature of D	issociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	
	(~P)	