## 121000276384

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





700370885347

08/06/21--01015--019 \*\*25.00

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Stallon Graph, (Name of Limited Lightlity)	Company)
The enclosed member, resignation or dissociation and fe	ce(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Alberto Resendez (Contact Person)	
Stallion Graphics LLC (Firm/Company)	
704 WE 10 th AVE (Address)	
Mulbury FL 33860 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Alberto Resende 2 at (813) (Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	•
□ \$25 Filing Fee □ \$55 Fil	ling 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
rananassee, r E 92914	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Stallion Graphics LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	-1491251
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{8/3/2021}{}$
4. I. Alberto (Prini N	hereby withdraw/resign as a 'ame of Person Resigning'
	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
<u> </u>	AAA
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required)
cranca copy.	\$30.00 (Optional)