

5/10/24, 3:57 PM

Division of Corporations

L21000315031

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING TAX PRO GROUP LLC
Account Number : 120220000157
Phone : (407)377-7752
Fax Number : (407)413-8813

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
V&M PAVERSCAPE TAMPA LLC

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
MAY 31 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V&M PAVERSCAPE TAMPA LLC
(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:

CESAR PORRAS

(Contact Person)

(Firm/Company)

5659 DEL CORONADO DR

(Address)

APOLLO BEACH, FL 33572

(City/State and Zip Code)

For further information concerning this matter, please call:

CESAR PORRAS

508

2146964

at ()

(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:

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

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H240001914103

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: V&M PAVERSCAPE TAMPA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000345031

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/30/2024

4. I, MANUEL VILLARROEL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR*(Print Title)*

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

A handwritten signature in black ink, appearing to read "Manuel Villarroel", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

FILED

MAY 31 8:37

JTE

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