121000371713

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COVER LETTER

Division of Corporations		
O2 Renovations and Manufacturing SUBJECT:	LLC	
	nited Liability C	Company)
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	o:
Stephen Oxley		
(Contact Person)		
O2 Renovations and Manufacturing		
(Firm/Company)		_
1717 Cross Pines Dr		
(Address)		_
Fleming Island, Florida 32003		
(City/State and Zip Code)		
For further information concerning this mat	ter, please cal	H:
Yvonne Veiga	904 at (401-0950
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable \$\Begin{align*} \Begin{align*}		a Department of State for: ing 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
, m., m., m., v. a.		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 recor	rds of the Florida Department
of State is: O2 Re	enovations and Manufacturing LLC	
2. The Florida docu L21000371713	iment/registration number assigned to this limited l	liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw	/resign is:
4. I, Yvonne Veiga	, hereby withdraw	//resign as a
Manager	• •	
(Print Title)	
resignation in wri	Mila	연 고 -
Signature of Di	ssociating Member or Resigning Manager	원
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<u></u>