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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJECT: Fegalta & Remodeling 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: | | | | | |
| Yamile Castaneira (Contact Person) | | | | | |
| Fegalta o Y Remodeling LLC (Firm/Company) | | | | | |
| 2714 Sw 38th Street | | | | | |
| Cape Coral, Ff 33914. (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Vanile (Name of Contact Person) at (786) 303 0549 (Area Code & Daytime Telephone Number) | | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee | | | | | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | | | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 compan | y as it appears on the rec | ords of the Florida | a Department |
|-------------------------------------------|------------------------------------------|-----------------------------|---------------------|-----------------|
| of State is:F | egalta & Y | Remodeling | LLC | ' |
| 2. The Florida docu | ument/registration numb | er assigned to this limited | l liability compan | y is: |
| L 2100 | 4 12202 | | | |
| 3. The date this me | mber/manager withdrew | resigned or will withdra | w/resign is: | 29/2022 |
| | | , hereby withdra | | |
| A | MBR | | | |
| | Print Title) | <u> </u> | | |
| of this limited lial resignation in wr | | m the limited liability cor | npany has been no | otified of my |
| (| Johnson | | | 200 |
| Signature of Di | ssociating Member or Re | esigning Manager | | .tt. |
| Filipa Foot | \$25.00 (Pagnis A) | | | 2022 DEC -1 All |
| | \$25.00 (Required) \$30.00 (Optional) | | | = = |