

121000430083

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(Address)

(Address)

(City/State/Zip/Phone #)

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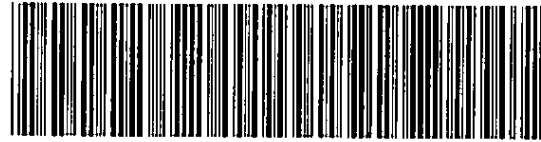
(Business Entity Name)

(Document Number)

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Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D).

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UPAINT SERVICES 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:

ALEXIS URQUHOLA  
-----  
(Contact Person)

UPAINT SERVICES LLC  
(Firm/Company)

14191 GEORGIAN BAY CTR APT 102  
(Address)

City/State and Zip Code \_\_\_\_\_

For further information concerning this matter, please call:

ALFEXIS URQUIOLA at (239) 8880819  
(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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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: MARIA A URQUIOLA

2. The Florida document/registration number assigned to this limited liability company is:  
1.21000430083

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/21/2021

4. I, MARIA A. URQUIOLA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR  
*(Print Title)*

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

M. Urquida 10/21/2021  
Signature of Dissociating Member or Resigning Manager

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