# 122000065877

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2023 OCT 10 SM 6: 47

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Uncles Custom Painting (Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Michael Picciarelli (Contact Person)	
Uncles Custom Painting LLC (Firm/Company)	
101 Palm Harbor Parkway (Address)	unit 311
Palm Coast/Florida/32137 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Picciarelli at (386.  (Name of Contact Person) (Area Code	) 5/7 4600 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for: 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

CR2E079 (2/14)



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

### **Detail by Officer/Registered Agent Name**

Florida Limited Liability Company UNCLE'S CUSTOM PAINTING LLC

#### **Filing Information**

**Document Number** 

L22000065877

FEI/EIN Number

88-2277179

Date Filed

02/08/2022

Effective Date

02/07/2022

State

FL

Status

**ACTIVE** 

#### **Principal Address**

3 NANTUCKET DRIVE PALM COAST, FL 32137

#### **Mailing Address**

3 NANTUCKET DRIVE PALM COAST, FL 32137

#### Registered Agent Name & Address

PICCIARELLI, VICTOR J 3 NANTUCKET DRIVE PALM COAST, FL 32137

#### Authorized Person(s) Detail

#### Name & Address

Title MGR

PICCIARELLI, VICTOR J 3 NANTUCKET DRIVE PALM COAST, FL 32137

Title MGR

PICCIARELLI, MICHAEL R 6000 SUNSET BLVD APT 6302 PALM COAST, FL 32164

#### **Annual Reports**

Report Year

Filed Date



### FILED 2023 OCT 10 AM 6: 48

### 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 lir	nited liability company as it appears on the records of the Florida Department
of State is: <u>니구니</u>	es Cistem Painting LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L2.3 Con	765877
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: $\frac{5/24/2023}{}$
4. I. Michael R. (Print Name)	Piciare II., hereby withdraw/resign as a e of Person Resigning)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my ag.
muel Pe	alle
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)