L22000 /48 /43

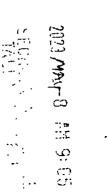
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER .

Division of Corporations
SUBJECT: Top Choice Painting and More 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:
Marion A Marguina (Contact Person)
Top Choice Painting and More LLC (Firm/Company)
10923 Weymouth Circle N.
Jacksonville, Florida 32240 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Maria A. Malquina at (904) 350-3871. (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
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee. FL 32314

TO: Registration Section



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 limi	ited liability company as it appears on the records of the	Florida Department
of State is: TOP	Choice Painting and More U	<u>C</u>
2. The Florida documer	nt/registration number assigned to this limited liability co	ompany is:
L2200014	8143	
3. The date this membe	er/manager withdrew/resigned or will withdraw/resign is	5 2 2023
4.1. Juan CS	Santanaria , hereby withdraw/resign a of Person Resigning)	
AMBR	t Title)	
•	y company and affirm the limited liability company has	been notified of my
Signature of Dissoc	ciating Member or Resigning Manager	::5 ::6:
Filing Foot	C25 00 (B a puimad)	50 60 63
•	\$25.00 (Required) \$30.00 (Ontional)	