L2200027388

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAI	T MAIL
(Business Entity	y Name)
(Document Nun	nber)
Certified Copies Certifi	cates of Status
Special Instructions to Filing Office	r

Office Use Only



800438743978

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DS FLORIDA PAINTING LLC			
(Name o	f Limited Liability C	ompany)	
The enclosed member, resignation or di	ssociation and fee	e(s) are submitted for fili	ng.
Please return all correspondence concer	ning this matter to	o :	
DRAZEN SRUK			
(Contact Person)			
DS FLORIDA PAINTING LLC			1024 OCT 31 PH 1: 16 SECRETARY OF STATE SECRETARY OF STATE
(Firm/Company)			AGE OCT
1119 TWIN RIVERS BLVD			AFF 31
(Address)		_	SSF PA
OVIEDO, FL 32766			15. F. S. T.
(City/State and Zip Code)			- F.
For further information concerning this	matter, please cal	l:	
DRAZEN SRUK	407 at (773-1055	
(Name of Contact Person)		de & Daytime Telephone N	Number)
Enclosed please find a check made paya	ible to the Florida	Department of State for	:
■ \$25 Filing Fee	□ \$55 Fili	ng Fee & Certified Copy	,
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporation	
P.O. Box 6327		The Centre of Tallaha	issee
Tallahassee, FL 32314		2415 N. Monroe Stree	et, Suite 810

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)

	he limited liability company as it appears on the records of the Florida Department FLORIDA PAINTING LLC
2. The Florida d	ocument/registration number assigned to this limited liability company is:
VIATKA SR	member/manager withdrew/resigned or will withdraw/resign is: 10/28/2024 UK
4. I,	, hereby withdraw/resign as a t Name of Person Resigning)
	(Print Title)
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)