## L22000404552

(Requestor's Name	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phor	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
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## **COVER LETTER**

Division of Corpora	itions	
SUBJECT: DOR	(Name of Limited Liability Company)	
The enclosed member, res	gnation or dissociation and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to:	
FRITZ DO	RISCA	
DUK/SCH /(Fim/	MOVERS LLC (Company)	
581 NW 387	h St.	Ξ.
OAKLAND PA	$\frac{28}{1000000000000000000000000000000000000$	ئے
For further information con	ncerning this matter, please call:	(H.A.)
FRITZ DORIS (Name of Contact	CAat(954)588-5689	<u> </u>
Enclosed please find a chec	ck made payable to the Florida Department of State for:	
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporations The Centre of Tallahassee	0

CR2E079 (2/14)

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 limited	liability company as it appears on the records of the Florida Depar	rtmen	t
of State is:DOF	ISCA MOVERS LLC		
2. The Florida document/r	egistration number assigned to this limited liability company is:		
L22000404	552		
3. The date this member/n	nanager withdrew/resigned or will withdraw/resign is:	22	
	DORISCIA, hereby withdraw/resign as a erron Resigning)		
MONACHE	<u>R</u>		
(Print Ti	ompany and affirm the limited liability company has been notified	o Dhy	/ <del>-</del> -
resignation in writing.	sinpany and arrive the thintee manny company has seen normed	007	9516K
SHE		12	SE CE
Signature of Dissociat	ing Member or Resigning Manager	4월 25	
milian man ega	200 (Beautinad)	64	
Č	6.00 (Required)		
Certified Conv. \$30	1.00 (Ontional)		