L22000532014

(Re	questors Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF SIME

COVER LETTER

TO: Registration Section Division of Corporations	
CCS DRYWALL CONSTRUCTION SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
SANDY K REYES VELASQUEZ	
(Contact Person)	
(Firm/Company)	
4409 ELLYSE WAY	
(Address)	
PENSACOLA FLORIDA 32505	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
SANDY K REYES VELASQUEZ	850 480-2624
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

CR2E079 (2/14)



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)

of State is:	CS DRYWALL CONSTRUCTIO	N LLC	 -
2. The Florida doc	•	ssigned to this limited liability company i	S:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:)23
4. I. CELESTINO C	CASTELAN SOBERANO	, hereby withdraw/resign as a	
(Print N	'ame of Person Resigning)	, hereby withdraw/resign as a	
MANAGE	R		
	iPrint Title)		
of this limited lia resignation in wr		ne limited liability company has been noti	tied of my
Signature of D	issociating Member or Resig	ning Manager	2023,
Filing Fee:	\$25.00 (Required)	ž	## 1
Certified Copy:	\$30.00 (Optional)	37.6	Ta F