

L23 0000 84125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

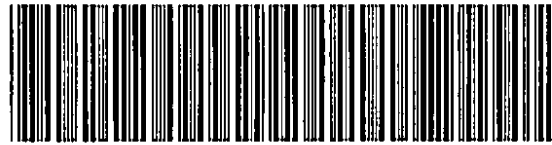
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/23--01024--019 **55.00

6/28/23
VW

FILED
2023 APR 25 AM 8:59
CLERK OF COURT
STATE OF TEXAS
COUNTY OF DALLAS



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 Department of State is: FALCO WINDOWS AND DOORS.LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.23000084125

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/20/2023

4. I, MAYLENA RODRIGUEZ PEREZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2023 APR 25 AM 8:59
TALLAHASSEE
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALCO WINDOWS AND DOORS.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:

WILLIAMS MARIANO FALCO MACINEIRA

(Contact Person)

FALCO WINDOWS AND DOORS.LLC

(Firm/Company)

4435 WILLOW POND RD. Apt. D

(Address)

WEST PALM BEACH,FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAMS MARIANO FALCO MACINEIRA at (561) 720 4138

(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

☐ \$55 Filing 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