La3000126783

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special instructions to Filing Officer. | | | |
| : | | | |
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| | | | |

Office Use Only



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S. CHATHAM AUG 18 2023

07/11/23--01017--008 **25.00



COVER LETTER ...

TO: Registration Section Division of Corporations

| PAINT QUALITY SOLUTION SUBJECT: | ONS LLC |
|--|---|
| | of Limited Liability Company) |
| The enclosed member, resignation or o | dissociation and fee(s) are submitted for filing. |
| Please return all correspondence conce | erning this matter to: |
| DORIS SANCHEZ CORREA | |
| (Contact Person) | · re-ve |
| PAINT QUALITY SOLUTIONS LLC | |
| (Firm/Company) | |
| 5955 RALEIGHT ST APT 4311 | |
| (Address) | |
| ORLANDO, FL 32835 | |
| (City/State and Zip Code | :) |
| For further information concerning thi | s matter, please call: |
| DORIS SANCHEZ CORREA | 407 990-5989 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made pay | yable to the Florida Department of State for: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

| | | is it appears on the records of the Florida Department |
|--|--|--|
| of State is: | T QUALITY SOLUTIONS LLC | · |
| 2. The Florida docu L23000126783 | ument/registration number | assigned to this limited liability company is: |
| DAVID DE LA | COLUMN AND EN | signed or will withdraw/resign is: 06/30/2023 \$\frac{1}{25}\$, hereby withdraw/resign as a |
| (Print N | lame of Person Resigning) | |
| MGR | | |
| | (Print Title) | ÷ 6: |
| of this limited lia resignation in wr | iting. | he limited liability company has been notified of my |
| Signature of Di | 3d Ve Ja Cuu issociating Member or Resi | Menager . |
| | | • |
| ~ | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |