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Office Use Only



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2021 (J. 30 Em.) 18

COVER LETTER

U	stration Section sion of Corporations		
SUBJECT:	PRECISE CUSTOM CABINET	RY & DESIGN LLC	
Jonates.	(Name of	Limited Liability Co	отрапу)
The enclosed	d member, resignation or dis	sociation and feet	(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
LUANN THO	MAS		
-	(Contact Person)		_
LUANN THO	MAS PA INC		
	(Firm/Company)		
2170 KEARN	EY AVE		
	(Address)		
NAPLES, FL	34117		
	(City/State and Zip Code)		_
For further i	nformation concerning this r	natter, please call	l:
LUANN THO	DMAS	239 at (465-6700
(1)	Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed ple □ \$25 Filin	ease find a check made payal ig Fee		Department of State for: ng Fcc & Certified Copy
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, 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)

1. The name of the limited liability company as it of State is: PRECISE CUSTOM CABINETRY & DE	SIGNITE
2. The Florida document/registration number assi	gned to this limited liability company is:
3. The date this member/manager withdrew/resign	ned or will withdraw/resign is:
4. I, VERONIKA BUSTAMANTE (Print Name of Person Resigning)	
MGR	
(Print Title)	
of this limited liability company and affirm the lessignation in writing.	limited liability company has been notified of my
le Jun	
Signature of Dissociating Member or Resignin	ng Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: