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(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		
J. HORNE NOV 2 2 2024		

Office Use Only



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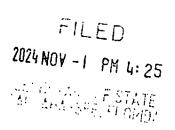
FILED
2024-NOV-1 PH 4: 25

COVER LETTER

_	istration Section ision of Corporations			
SUBJECT:	Stucco Vistas, LLC.			
	(Name of Limited Liability Company)			
The enclose	d member, resignation or diss	ociation and fee(s) are submitted for filing.	
Please return	n all correspondence concerni	ng this matter to:		
Sandra Vasila	ıkis			
	(Contact Person)	, <u>, , , , , , , , , , , , , , , , , , </u>	_	
AVA Stucco	Services, LLC.			
	(Firm/Company)		_	
3433 Lithia P	inecrest Suite 284			
	(Address)			
Valrcio FL 33	3596			
	(City/State and Zip Code)			
For further i	information concerning this m	atter, please call:		
Sandra Vasila	kis	407 at (670-5890	
1)	Name of Contact Person)		& Daytime Telephone Number)	
Enclosed ple	ease find a check made payabl	le to the Florida I	Department of State for:	
■ \$25 Filin	_		g Fee & Certified Copy	
Moili	ina Address		Channa & January	
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporations	
P.O.	Box 6327		The Centre of Tallahassee	
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department o Vistas, LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Luis Lopez	hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Luis Lo	opez 09/12/24
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)