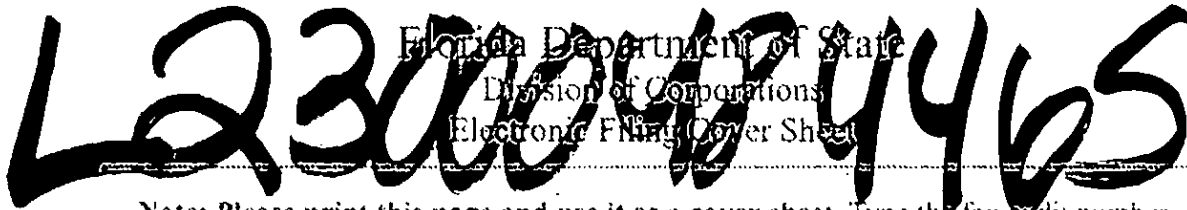


5/16/24, 2:57 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000177032 3)))



H240001770323ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING TAX PRO GROUP LLC
Account Number : I20220000157
Phone : (407)377-7752
Fax Number : (407)413-8813

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOSS RESTORATIONS WEST ORLANDO, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED

2024 MAY 16 PM 4:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 MAY 16 AM 7:42

FILED

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

MAY 17 2024

H24000177032 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOSS RESTORATIONS WEST ORLANDO, 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:

LEONARDO SANCHEZ

(Contact Person)

(Firm/Company)

3603 COMMERCE BLVD SUITE E

(Address)

KISSIMMEE, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO SANCHEZ

407

4852312

at ()

(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

H24000177032 3

H24000177032 3

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)

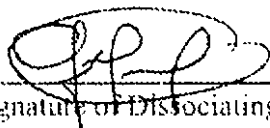
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LOSS RESTORATIONS WEST ORLANDO, LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000484465

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/16/2024

4. I, GASTON PAREJO, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(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)

H24000177032 3

FILED
2024 MAY 16 AM 7:42
DIVISION OF STATE
CORPORATIONS, FL