

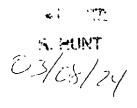
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Chary Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





-03/08/24 -01016--022 +*55.00





COVER LETTER

Division of Corporations	
RAZO PAINTING LLC	
	d Liability Company)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to:
Jri Razo	
(Contact Person)	
Razo Painting LLC	
(Firm/Company)	1-0
1045 5th St	
(Address)	
Sarasota, F1, 34237	SSS P
(City/State and Zip Code)	mics —
For further information concerning this matter,	
Jri Razo	941 623-3220 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t ☐ \$25 Filing Fee	the Florida Department of State for: \$\equiv \\$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

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section



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)

	PAINTING LLC			
L2400086267	ument/registration number as	ssigned to this limited	naonity company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw	3/2/24 w/resign is:	
Valation V Dame			, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)			
Manager	·			
	(Print Title)			
of this limited lia resignation in wr		e limited liability con	npany has been notified of my	
Signature of D	lssociating Member or Resig	ning Manager		
- 0			262	
Filing Fee:	\$25.00 (Required)		, ·	
Certified Copy:	\$30.00 (Optional)		267UHIR-8 PH 1:3:	
CR2E079 (2/14)			Н	