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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: Dissociation or Resignation of Neinbel		

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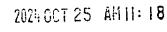
COVER LETTER

Registration Section

TO:

Division of Corporations 813 Painters LLC SUBJECT: (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: Steven A. Rogai (Contact Person) 813 Painters, LLC (Firm/Company) 1211 N Westshore Blvd, Suite 306 (Address) Tampa, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: 813 Monica Angel __ at (____ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: **Mailing 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 32314 Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SILLE OF STATE TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

	f the limited liability company as it appears on the records	of the Florida Department
2. The Florida o	document/registration number assigned to this limited liab	oility company is:
3. The date this	s member/manager withdrew/resigned or will withdraw/re	sign is:
Emple Dana		
Manager		
	(Print Title)	
of this limited resignation in	d liability company and affirm the limited liability compan n writing.	ny has been notified of my
		
Signature of	of Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)