L24000297121

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	siness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer.			
:				





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COVER LETTER

TO:		stration Section sion of Corporations			
SUBJ	ECT:	GRANADOS BOBCAT SERVICE, L			
		(Name of Limit	ted L	iability Cor	npany)
The er	nclosed	l member, resignation or dissocia	ıtion	and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning t	his r	natter to:	
ALFO	nso ai	RCINIEGA			
		(Contact Person)			-
		(Firm/Company)			_
34480	SW 212	AVE			
		(Address)			_
HOME	ESTEAD	O, FLORIDA, 33034			
		(City/State and Zip Code)			
For fu	rther in	nformation concerning this matte	r, pl	ease call:	
ALFO	NSO AF	RCINIEGA		786	553-3164
	(N	ame of Contact Person)			& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to	the	Florida I	Department of State for:
= \$25	5 Filing	g Fee		\$55 Filing	g Fee & Certified Copy
	Regis	ng Address: stration Section			Street Address: Registration Section
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee
		hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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)

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