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M. MILLIGAN FEB 0 2 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DENT REMOVAL MARTINEZ LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: RODRIGO CAVALCANTE

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO CAVALCANTE

Name Person

(407) 674-8969

Phone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building Executive Center Circle Tallahassee, FL 32301

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DENT REMOVAL MARTINEZ LLC
(Name of limited liability company)
4630 S. KIRKMAN RD SUITE 356, ÖRLANDO , FLORIDA 32811
(Jurisdiction of its organization)
03/07/2013
(Date registered with Florida Department of State)
M13000001495
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. (Signature of authorized representative) RODRIGO BURLOWLE (Accountant Assistant)
(Typed or printed name of signee)