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## **COVER LETTER**

**Registration Section** 

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Division of Corporations FLORIDA PALMS PAINTING, 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: **ERIC A. BARSTOW** (Contact Person) NATIONAL PAINTING GROUP, LLC (Firm/Company) 1730 S. COLLEGE AVENUE, #305 (Address) FORT COLLINS, CO 80525 (City/State and Zip Code) For further information concerning this matter, please call: ERIC A. BARSTOW (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



## 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)

	PRIDA PALMS PAINTING,	it appears on the records of the Florid	a Department
2. The Florida doc M160000025	•	signed to this limited liability compan	ıy is:
		gned or will withdraw/resign is:	3/2016 ————————————————————————————————————
4. I, NATIONAL PAINTING GROUP, LLC (Print Name of Person Resigning)  MEMBER/MANAGER		, nereby withdraw/resign as a	16 JUN -
of this limited lia resignation in wr	(Print Title) bility company and affirm the iting.	limited liability company has been and some state of the source of the s	otified of my
Signature of D	ssociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		