L14000189150

(Requestor's Name)
(Address)
(Address)
(14 123)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

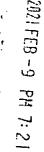
Office Use Only



300359841263

02/09/21--01025--011 **25.00

MAR 3 1 2021 **S. YOUNG**



COVER LETTER

Division of Corporations	
SUBJECT: 525 F. (Name of I	Looring Workroum LL
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni-	ng this matter to:
Brian (Contact Person)	Davige
S Flooring Wer	Krocm LLC.
660/ Lyans K	Duad B8
Cent Creek F1 (City/State and /ip Code)	<i>33073</i>
For further information concerning this m	atter, please call:
Angela DelGado (Name of Contact Person)	at (<u>954)</u> <u>224-2318</u> (Area Code & Daytime Felephone Number)
Enclosed please find a check made payabl ☐ \$25 Filing Fee	le to the Florida Department of State for: \$\square\$ \$\square\$ \$\\$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the limited lial					
of State is: Ses 7	- woring W	or Kroom	160		
2. The Florida document/regis			•		
L 140001	89150	<u>_</u> .			
3. The date this member/mana	ger withdrew/resign	ed or will withdraw/ro	esign is: <u>2/5</u> /	121	
4.1. Parl W Stegel (Print Name of Perso	n Resigning)	_, hereby withdraw/r	resign as a		
MANAGING PANTO	ep.				
of this limited liability compresignation in writing.	any and affirm the li	mited liability compa	ny has been notifi	ied of my	
Signature of Dissociating	<u>je/</u>			2021 FE	٠,٠
Signature of Dissociating	viemoer of Resignin	g wanager		HFEB-9 PM	***
Filing Fee: \$25.00 Certified Copy: \$30.00	(Required)		. •	PH	; ; ; ;
certified Copy. \$30,00	(урамаа)		b io,	" 7: 2	***