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PICK-UP WAIT MAIL				
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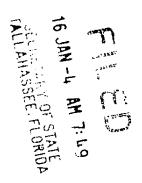
COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: PRECISION	GUTTERWORKS	LLC
	me of Limited Liability Co	mpany)
The enclosed member, resignation o	r dissociation and fee(s) are submitted for filing.
Please return all correspondence cor	cerning this matter to:	
SEAN E SUTHER	LAND	_
(Contact Person)		_
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
1989 COLDFIELD D	R. WEST	_
TACKSONVILLE, FOR	L 32246	_
For further information concerning t	his matter, please call:	
SEAN E. SUTHERCAND	at (<u>9</u> 04) 994-0123
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made p \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		



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 liabili	ty company as it appea	ars on the records of the Florida Department
of State is: Pr	ZECISION	GUTTERWORKS	LLC
2. The Florida doc	ument/registra	tion number assigned	to this limited liability company is:
<u> 115 000 i</u>	31604	·	
3. The date this me	ember/manager	r withdrew/resigned or	will withdraw/resign is: 11/18/15
4. I, SEAN E. (Print)	SUTHEILLA Name of Person R	NS, h	ereby withdraw/resign as a
MEMBER / M	ANAGER (Print Title)	·	
of this limited lia resignation in wi		y and affirm the limite	d liability company has been notified of my
Sew	. E. Lu	thiclas	
Signature of D	issociating Me	mber or Resigning Ma	anager
Filing Fee: Certified Copy:			