L15000 131604

(Re	equestor's Name)				
(Ad	ldress)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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2016 JAN -4 ARTH: 12

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRECISION GUTTERWORKS LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L15 000 13160 4</u>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEAN E. SUTHERLAND Name of Person
Name of Firm/Company
1989 COUDFIELD DR. WEST Address
TACK SONVILLE, FL 32246 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (904) 994-0123 Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of SEAN		۵.,	•			
	e of Registered Agent	<u></u>	, nereby resigns as			
Registered Agent for	PRECISION	GUTTER WORKS	LLC			_
	Name of Limited	Liability Company				
L15000 131604		_				
Document Number,	if known					
A copy of this resignation wa	s mailed to the abo	ve listed limited liabi	lity company at its last	known a	ddress	S.
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The agency is terminated and	the office discontin	iued on the 31st day a	after the date on which	this state	ement	is filed.
	Jem &	gnature of Resigning Age	ent			
If signing on behalf of an ent				_ '	מא	
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	\$ 85.00 A	ctive limited liability	y company olved/ voluntarily disso	alwad/		
	φ23.00 P	vithdrawn limited lia	bility company	JI VÇU/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314