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(Ře	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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S. PRATHE

COVER LETTER

Division of Corporations
SUBJECT: Rapid Restoration of Florida 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:
James S Percy (Contact Person)
(Firm/Company)
1210 W 18t Street
Ft. Pierce FL 34982 (City/State and Zip Code)
For further information concerning this matter, please call:
James S. Percy at (772) 828-0939 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

7022 JUN 14 AM 8: 01

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 liability company as it appears on the records of the Florida Department
of State is: Rapid Restoration of Florida, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L1800250634
3. The date this member/manager withdrew/resigned or will withdraw/resign is: <u>June 10</u> 2022
4. I, James S Percy, hereby withdraw/resign as a (Print Name of Person Resigning)
•
MGR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
()
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)