## 1190000059862

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ĉii	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		_ · _ · · · · · · · · · · · · · · · · ·

Office Use Only



40033512571

10/09/19--01619--066

26 d b- 130 flat

OCT 2 0 2018 T. LENSIEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: STHETICS BUILDING ENVELORE SYSTEMS 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:
ALI BER TUNCER (Contact Person)
(Contact Person)
(Firm/Company)
239 COLCHESTER DR.
239 COLCHESTER DR.
OAKVILLE, ON, L65 556, CANADA (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
ALI TUNCER at (647) 808 76 47  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 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)

	·
1. The name of the	limited liability company as it appears on the records of the Florida Departn
of State is: <u></u> 5가	ETICS BUILDING ENVELOPE SYSTEMS LLC.
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L1900005	9862
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10/01/20
4. 1. ALI BERN	hereby withdraw/resign as a large of Person Resigning)
	MANAGER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
, <	
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)