L03000046040

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
:		i





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SECKLIAKY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STEVE WHITE ROOFING, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
POROTHY S KIDD (Name of Person)
STEVE WHITE ROOFING, LLC (Firm/Company)
1584 CEDAR ST (Address)
NICEVILLE FL 32578 (City/State and Zip Code)
For further information concerning this matter, please call:
. Do ROTHY 5 KIDD at (860) 897-4100 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the records of the Flori	-
of State is: 572	EVE WHITE ROOFING, LLC	······································
2. This limited liability	ity company was organized under the laws of:	
- FLORIDA	6	
	nent/registration number of this limited liability company is:	
L0300001	46040	
4. I, RH/LLIP (Print Name	46040 ウ 内 NELSON , hereby resign as a M G A me of Person Resigning) (Prince	2 1 Title)
of this limited liabili resignation in writin	lity company and affirm the limited liability company has been ing.	notified of my
PMOH	Ind_	
Signature of Resign	ning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	