

LD5000008620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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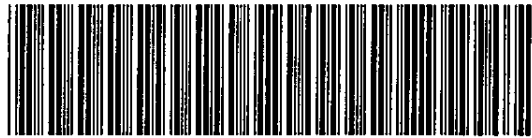
(Business Entity Name)

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Hurricane Protection of Florida LLC

**2144 Black Hawk St., Clermont, Fla. 34714
TOLL FREE PHONE (877) 354-0044
FAX (352) 241-0385**

Thank you,

Kenneth W. James



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Timothy P Reilly, hereby resign as MEM
(Title)

of HURRICANE PROTECTION OF FLORIDA LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

and affirm that the limited liability company has been notified in writing of the resignation.

Timothy P Reilly
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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