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TO:

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Registration Section

Division of Corporations Sloan Shutter Company, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mark Sloan (Contact Person) Sloan Shutter Company, LLC (Firm/Company) 1108 North D Street (Address) Lake Worth, Florida 33460 (City/State and Zip Code) For further information concerning this matter, please call: Mark Sloan (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 □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it of State is: Sloan Shutter Company, LLC	* -	of the Flo	rida Depart	ment
2. This limited liability company was organized un Florida	nder the laws of:		2013 NOV -4	
3. The Florida document/registration number of th #L05000062405	is limited liability comp 	oany is:	PR ST	A CONTRACTOR
4. I, Florence Sloan (Print Name of Person Resigning)	, hereby resign as a	V P	int Title)	
of this limited liability company and affirm the live resignation in writing. Signature of Resigning Member, Managing Member, Member, Managing Member, Member		v has been	n notified o	f my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)				