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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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DIVISION OF CORPORATIONS
06 AUG 24 AM 11: 58

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LOW VOLT WIRE & HON (Name of Li	ME INSTALLATION, LLC imited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managin	ng Member or Manager and fee(s) are submitted for	filing.
Please return all correspondence concerning this	s matter to the following:	
	•	
TERRY ROBERTS		
(Name of Person)		
		SINIS
(Firm/Company)		OS AUG 24 AMII: 58
		24 24
1840 NE 180TH STREET		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Address)		# OKA
NODTHANADEAGUE		ည်
NORTH MIAMI BEACH, FL 331 (City/State and Zip Code)	62	
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
TERRY ROBERTS	_at (305)_761-7284	
(Name of Person)	(Area Code & Daytime Telephone Number)	
•		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, riorida 32314	
Enclosed is a check for the following amount:	: :	
▼ \$25 Filing Fee	☐\$55 Filing Fee &	
CR2E079 (8/05)	Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, TERRY ROBERTS	, hereby resign as MANAGING MEMBER
	(Title)
of LOW VOLT WIRE & HOME INSTALLATION	, 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 bee	n notified in writing of the resignation.
(Signature of resigning manager, ma	anaging 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