

L06000057934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. SAULSBERRY
EXAMINER
OCT 30 2013

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSURED STORM PROTECTION LLC
(Name of Corporation)

DOCUMENT NUMBER: 206000057934

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO FOTI
(Name of Person)

ASSURED STORM PROTECTION LLC
(Name of Firm/Company)

356 SW 13 AVE
(Address)

POMPAHO BEACH FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN BOMSER at (954) 791-7997
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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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 appears on the records of the Florida Department of State is: Assured Storm Protection, LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:

LO6000057934

4. I, LUIGI GALASCIO, hereby resign as a MGR
(Print Name of Person Resigning) (Print Title)

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

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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