

LO7000074879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 16 2012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**Southern Style Fabrication & Installation, LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Amanda Ross**

\_\_\_\_\_  
(Contact Person)

**H.B. Ross & CO.**

\_\_\_\_\_  
(Firm/Company)

**19046 Bruce B Downs Blvd, Suite 302**

\_\_\_\_\_  
(Address)

**Tampa, FL 33647**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Amanda Ross** \_\_\_\_\_ at ( **813** ) **977-9977**  
(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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**FLORIDA DEPARTMENT 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**

1. The name of the limited liability company, as it appears on the records of the Florida Department of State is: Southern Style Fabrication & Installation, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L07000074879

4. Fletcher Quarles, hereby resign as a Manager  
(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.

X   
Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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