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APR 2 8 2009

EXAMINER

. COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Williams Quality Roofing LLC. (Name of Limited Liability Core)	npany)
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Tito R. Williams	_
(Contact Person)	_
Williams Quality Roofing LLC.	_
(Firm/Company)	200 TAL
11753 Mallard Lane	9 APF
(Address)	TARY ASS
Jacksonville, FL 32218	2009 APR 27 AM 11: 1. SECRETARY OF STATE ALLAHASSEE.FLORID
(City/State and Zip Code)	II: I
For further information concerning this matter, please call:	Om J
Tito R. Williams at (904	553-1267
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
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, Fiorida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap liams Quality Roofing L		of the Flor	rida De _l	2	t
2. This limited liability company was organized under the laws of: Florida				ECRETARY OF	09 APR 27 A	-
3. The Florida docum	nent/registration number of this	limited liability con	npany is:	E STATE FLORIDA	AM 11: 17	•
·	ne of Person Resigning)	, hereby resign as a				
resignation in writi	lity company and affirm the ling.	nited liability compar	ny has beer	notifie	d of my	
Signature of Resign	ning Member, Managing Memb	oer or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					