

LD8000005413

James Payne

(Requestor's Name)

4615 Cronin Dr

(Address)

(Address)

Sarasota, Fl. 34232

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Wind Proof Homes

(Business Entity Name)

LD8000005413

(Document Number)

Certified Copies: _____

Certificates of Status: _____

Special Instructions to Filing Officer:

L. SELLERS

APR 23 2009

EXAMINER

Office Use Only

No #



200143545402

02/25/09-01013-021 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wind Proof Homes
(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:

James Payne
(Contact Person)

Fax: 850 245 6030 Attn: Leslie Sellers
(Firm/Company)

4615 Cronin Dr
(Address)

Sarasota, FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

James Payne at (941) 321-6433
(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



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: Wind Proof Homes

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

3. The Florida document/registration number of this limited liability company is: 408000005413

4. I, James Payne, hereby resign as a Managing Member
(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.

James Payne
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

FILED
09 FEB 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA