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SECRETARY OF STATE OILVISION OF CORPURAPIONS

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of Limite	d Liability Co.	npany)
The er	nclosed member, resignation or dissociati	ion and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning the	is matter to:	
DAVII	ID RODRIGUES CPA		
	(Contact Person)		_
DAVII	ID RODRIGUES CPA PA		
	(Firm/Company)		-
101 N	N MISSOURI AVE		
	(Address)		_
CLEA	ARWATER, FL 33755		
	(City/State and Zip Code)		_
For fur	orther information concerning this matter,	please call:	
DAVI	D RODRIGUES CPA	727 it (439-0089
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to t 5 Filing Fee		Department of State for: 3 Fee & Certified Copy
Registr Division Clifton 2661 E	EET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department -SET INSTALLATION SERVICES, LLC
L0900000069	
4. I,	mber/manager withdrew/resigned or will withdraw/resign is: 12/12/2014 EICHMANN , hereby withdraw/resign as a fame of Person Resigning)
MANAGING I	MEMBER
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)