

L09000043974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

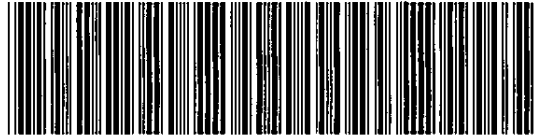
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800157355928

06/19/09--01040--004 **25.00

FILED
09 JUN 19 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Connell JUN 22 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERNEST SENEZ BUILDING & ROOFING, LLC
(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:

Ernest J. Senez
(Contact Person)

Ernest Senez Building & Roofing, LLC
(Firm/Company)

P.O. Box 530956
(Address)

DeBary, FL 32753-0956
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernest J. Senez at (386) 804-8166
(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



FILED
09 JUN 19 AM 11:32
SECRETARY 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: ERNEST SENEZ BUILDING & ROOFING, LLC

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

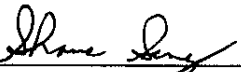
Florida

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

L09000043974

4. I, SHANE R. SENEZ, 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)