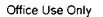
## LU9000113291

(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:		





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## **COVER LETTER**

Division of Corporations		
ROYALL WALL SYSTEMS, LLC SUBJECT:		
(Name of Limited Liability Com	pany)	<del></del>
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing	g.
Please return all correspondence concerning this matter to:		
Wallace D Sanger		
(Contact Person)		
Royall Wall Systems, LLC		
(Firm/Company)		
15900 Meadow Wood Dr		
(Address)		
Wellington FL 33414		
(City/State and Zip Code)		2022 (
For further information concerning this matter, please call:		2022 APR 2
Wallace D Sanger 561	662-2774	5 P
	& Daytime Telephone Nu	ımber) نبي ا
Enclosed please find a check made payable to the Florida D  □ \$25 Filing Fee  \$55 Filing	epartment of State for: Fee & Certified Copy	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



## 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)

1. The name of the limited liability company a	as it appears on the records of the Florida Department
of State is: ROYALL WALL SYSTEMS, LLC	-
2. The Florida document/registration number	assigned to this limited liability company is:
3. The date this member/manager withdrew/re	esigned or will withdraw/resign is: April 18, 2022
4. I, (Print Name of Person Resigning)	·
MGRD .	
(Print Title)	202
resignation in writing.	the limited liability company has been notified of my.
Kennett A. Vreadwell	TO THE PARTY OF TH
Signature of Dissociating Member or Resi	igning Manager
Filing Fee: \$25.00 (Paguired)	

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)