

L100000084666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

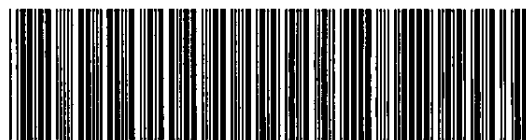
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 07 2014
T. CARTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 24 PM 3:52

LLC Member Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swailes Re-Face It L.L.C.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gary Swailes

(Contact Person)

Swales Re-Face It L.L.C.

(Firm/Company)

~~142250 Ave~~ 13799 Park Blvd.

(Address)

STE 102 (Address) SEMINOLE FL 33776
SEMINOLE, FL 33776

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Swailes

at (727) 804-1689
(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 24 PM 3:52

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 as it appears on the records of the Florida Department of State is: Swalles Re-Face It L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:
L10000084666

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, Harold R. Schuman, hereby withdraw/resign as a
(Print Name of Person Resigning)

Treasurer/Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 9/10/14
Signature of Dissociating Member or Resigning Manager

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