41000041664

(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:	
i.L 9/24/18	

Office Use Only



000317291970

08/20/18--01006--005 *+25.00

18 SEP 24 AM 8: 92



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2018

JENNIFER ODOM P.O. BOX 1207 SAN ANTONIO, FL 33576

SUBJECT: WINDSOR EDUCATION LLC Neuman Construction + Koscing, Le

Ref: Number: L11000141664

We have received your document for WINDSOR EDUCATION LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please refer to chapter 605.0216(1) of the Florida Statues.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III

Letter Number: 418A00017793

COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations	
SUBJECT: Neuman Construction (Name of Limited Liability Con	+ Rooting, LLC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Jennifer Odom (Contact Person)	-
Neumann Construction & Rusting (Firm/Company)	
30427 Commerce Drive	HASSER A
Son Antonio, Fl 33576 (City/State and Zip Code)	FLORID
For further information concerning this matter, please call:	2*
Name of Contact Person) at (\$13 (Area Code)) <u>182 - 908 0</u> & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$\$25 Filing Fee Check Statichth Original Paperwork.	Department of State for: 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







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limi	ted liability company as it appears on the records of the Florida Department
of State is: New	iman Construction + Roofing, LLC.
2. The Florida documer	nt/registration number assigned to this limited liability company is:
L110000	Ylleley.
3. The date this member	r/manager withdrew/resigned or will withdraw/resign is: $\sqrt{2000}$
4. 1. Wallen Name of	in luman, hereby withdraw/resign as a of Person Resigning)
C E O	(Title)
of this limited liability resignation in writing	company and affirm the limited liability company has been notified of my
Warren Se	Umann
Signature of Dissoc	iating Member or Resigning Manager
Filing Fee: \$	25.00 (Required)