L11000060556

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phoi	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	ame)		
(Do	cument Numbe	r)		
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



600208701886

06/13/11--01009--001 **55.00

FILED

11 JUN 13 PM 3: 31

SECRETARY OF STATE
AND ASSEE. FLORID

J. BRYAN

JUN 14 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A.A.T Roofing, LLC (Name of Limited Lie	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
William R Turcotte	
(Contact Person)	Pr =
A.A.T Roofing, LLC	JUN 13 PM 3: 3) ECRETARY OF STATE LLAHASSEE, FLORID
(Firm/Company)	ASSE S
5629 S Ridgewood Ave	E.F. S
(Address)	ORIE
Port Orange, FL 32127	D
(City/State and Zip Code) For further information concerning this matter, ple	ase call:
William R Turcotte at (at (rea Code & Daytime Telephone Number)
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the last street \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, i nonua 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as A.T Roofing, LLC	it appears on the record	s of the Florida Depart	tment
2. This limited lial Florida	pility company was organized	under the laws of:		
3. The Florida doc <u>L1100006</u>	ument/registration number of 0556	this limited liability cor	mpany is:	
4. I, James Ha	iyes	, hereby resign as a	Manager	
(Print l	Name of Person Resigning)		(Print Title)	
of this limited lia resignation in w	bility company and affirm the iting.	e limited liability compa	ny has been notified o	fmy
_ Samo	Anyx			
Signature of Res	igning Member, Managing M	ember or Manager		
\bigcup	\bigcup		SE SE	
Filing Fee:	\$25.00 (Required)		CRE	i T
Certified Copy:	\$30.00 (Optional)		ASSE ASSE	5 F