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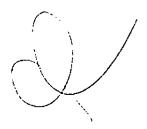
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SECILITARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Restoration Xpress, LLC	
(Name of Limited Liabilit	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to:
Kevin Hagen	
(Contact Person)	
Nation Lawyers Chartered	re 🕦
(Firm/Company)	—
10251 West Oakland Park Boulevard	2022 OCT 31 AM II: 31
(Address)	AS 00 A
Sunrise, Florida 33351	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Kevin Hagen 954	2802000
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor ■ \$25 Filing Fee	ida Department of State for: Filing 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



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 F	lorida Department	t
of State is:	ration Xpress, LLC		2872 Ss. C	
		assigned to this limited liability con	A P	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	(une 1] 2022	C
4. l, Charles C. Bittor	1	, hereby withdraw/resign as a	· 평. 🕳	
(Print N	ame of Person Resigning)			
MgrM				
	(Print Title)			
of this limited lia resignation in wr		the limited liability company has be	en notified of my	•
Signature of Di	ssociating Member or Resi	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			