111000073540

(Requestor's Name)		
(Äddress)		
(Address)		
·	,	
(Cit	ty/State/Zip/Phone	o #1
(Ci	ty/Otate/Zip/Filoti	<i>⊂ ₩)</i>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(De	ocument Number)	
(50	odinent Hamber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
,	-	
		ļ





100246845151

04/19/13--01013--014 **25.00

13 APR | 9 AM | 1: | 1

APR 2 2 2013 T. HAMPTON

COVER LETTER

TO: Registration Section **Division of Corporations** All Weather Roofing, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: James Cory Craig (Contact Person) All Weather Roofing, LLC (Firm/Company) 59 Seabreeze Blvd (Address) Seacrest Beach, FL 32413 (City/State and Zip Code) For further information concerning this matter, please call: James Cory Craig (Name of Contact Person) (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 **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations**

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as of State is: All Weather Roofing, LLC	it appears on the records of the Florida Department
2. This limited liability company was organized Florida	l under the laws of:
3. The Florida document/registration number of L11000073540	f this limited liability company is:
4. I, James Cory Craig (Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)
, , , , , , , , , , , , , , , , , , , ,	ne limited liability company has been notified of my
Si i SD i i M	
Signature of Resigning Member, Managing M	dember or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: