L12000068845

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
Doors by Tim, LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Tim Coffey	
(Contact Person)	43.1.
Doors by Tim, LLC	
(Firm/Company)	
984 Rockledge Blvd.	
(Address)	
Rockledge, FL 32955	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Tim Coffey	321 406-0848 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 41141146500, 1 6 5 2 5 1 7	Tallahassee, FL 32303

CR2E079 (2/14)

TO:



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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)

	e limited liability company as it appears on the records of the Florida Department s by Tim, LLC
2. The Florida doc L12000068845	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Kay Wall (Print N	, hereby withdraw/resign as a lame of Person Resigning)
Construction Mar	nager
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
-Kore	Lall_
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)