

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L12000131533**

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (786)901-8020

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CM GLAZING, LLC**

Certificate of Status	0
Certified Copy	1
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

DEC 27 2023

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CM GLAZING, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000131533

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/ /2023

4. I, CHRIS MALE, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
CO-MANAGING PARTNER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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