

L17000003772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

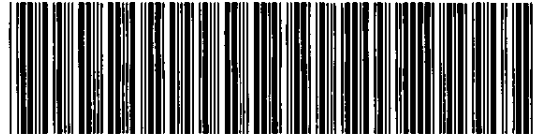
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900258001879

03/20/14--01016--001 **25.00

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
SACRAMENTO, CALIFORNIA

J. Stivers MAR 21 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kuzak Roof Maintenance, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa A. Kuzak

Name of Person

Kuzak Roof Maintenance, LLC

Firm/Company

1299 Anhinga Drive

Address

Wellington, FL 33414

City/State and Zip Code

Kuzakrm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa A. Kuzak

Name of Person

at **(561) 202-7219**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

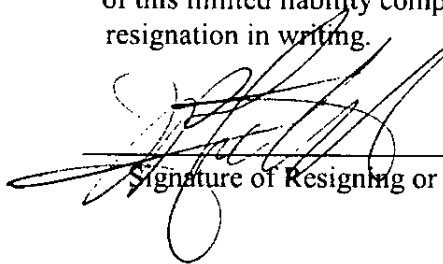
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Kuzak Roof Maintenance, LLC

2. The Florida document/registration number of this limited liability company is:
L13000003772

3. The date this member withdrew or will withdraw is: 02/17/2014

4. I, Joseph Frantantoni, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning or Dissociating Manager, Member

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

RECEIVED
FEB 17 2014
CORPORATION DIVISION
FLORIDA DEPARTMENT OF STATE