L13000051256

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TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT:	Fallsafe Stucco & EIFS, LLC			
o o bob c i i	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Mark H. Mu	ıller, Esq.			
 	(Contact Person)	-		
Mark H. Mu	ıller, P.A.			
	(Firm/Company)		_	
5150 Tamia	ami Trail North, Suite 303			
	(Address)		-	
Naples, FL	34103			
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
Mark H. Mu	ıller, Esq.	239 at (774-1436	
(N	ame of Contact Person)		& 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				
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	





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:	safe Stucco & EIFS, LLC	·
2. The Florida doc	ument/registration number ass	igned to this limited liability company is:
L1300005125	66	
3. The date this mo	ember/manager withdrew/resig	ned or will withdraw/resign is: 12/31/2013
4. I, Gregory L. Walls		hereby withdraw/recian as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
Managing Me	ember	
resignation/in w		limited liability company has been notified of my
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	