

LB00059190

\_\_\_\_\_  
(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



000304241390

10/06/17--01007--011 \*\*25.00

RECEIVED  
OCT 10 2017

D SCOTT  
OCT 10 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BILTRITE DESIGN/BUILD LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**RAYMOND SCHMIDT**

(Contact Person)

(Firm/Company)

**2648 KERSEY DRIVE WEST**

(Address)

**JACKSONVILLE, FL 32216**

(City/State and Zip Code)

For further information concerning this matter, please call:

**RAYMOND SCHMIDT** at ( 904 ) 238-1372  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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: BILTRITE DESIGN/BUILD LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000059190

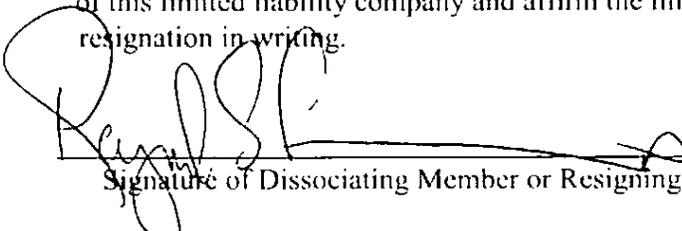
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2017

4. I, RAYMOND SCHMIDT, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER/VP

*(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)