L13000066359

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<u>.</u>		

Office Use Only



900280215919

900280215919 12/28/15--01035--018 **25.00

MIS DEC 28 A 8: 39
SECRETARY DE STATE

DEC 3 0 2015

8 MASON

COVER LETTER

SUBJECT: Scalling to Reactive to the Contract 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:

Andrea Bowers
(Contact Person)
Seal Tight Roofing Experts
335 S. Plumosa St. Unit H
(Address)
MERRIH Island, FL 32952
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (321) 266-3999 (Area Code & Daytime Telephone Number)

Englosed please find a check made payable to the Florida Department of State for:

\$\sim \frac{1}{2}\$ \frac{1}{2}\$ \frac{1}{2}\$ 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

CR2E079 (2/14)

TO:

Registration Section



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 record	ds of the Florida Department
of State is: Stal Tight Rooting Ex	eperts, LLC.
2. The Florida document/registration number assigned to this limited l	liability company is:
61300006359	
3. The date this member/manager withdrew/resigned or will withdraw	/resign is: 12/18/15
4. I, Robert H. Robert Son, TR, hereby withdraw (Print Name of Person Resigning)	
Manager Member? (Print Tille)	
of this limited liability company and affirm the limited liability compresignation in writing.	pany has been notified of my
12/18/15	
Signature of Dissociating/Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	28 28 858
Certified Copy: \$30.00 (Optional)	
	DF S
	STATE ORNE