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COVER LETTER

SUBJECT: LIVENGOOD ALUMINUM 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: Gary B. Chilton (Contact Person) (Firm/Company) 20164 SW 93rd Ln Rd (Address) Dunnellon, FL 34431 (City/Ntate and Zip Code) For further information concerning this matter, please call: Gary B. Chilton (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$525 Filing Fee \$535 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations	Division of Corporations		1
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	Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

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	limited liability company as it a ENGOOD ALUMINUM LLC	ppears on the records of the Flo	rida Department
			
2. The Florida docu	ment/registration number assign	ned to this limited liability comp	pany is:
L1300007650	6		
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is:	/25/2019
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a,			
(Print N	ame of Person Resigning)		Ĭ
Member			
 	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the liniting.	mited liability company has been	n notified of my
Ad	my B chilin		PH
Signature of Di	ssociating Member or Resigning	g Manager	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		1