14000033584

(Requestor:	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	ficer:

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resignation

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04/27/15--01054--007 **25.00



5/4/15

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Xterior Solutions & Services, L	.L.C	
	(Name of Limite	d Liability Con	npany)
The er	nclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
Adam	n Rowe, Esq.		
	(Contact Person)	-	-
Xterio	or Solutions & Services, LLC		
	(Firm/Company)		-
613 8	St. Johns Ave., Ste. 203		
	(Address)	· ·	-
Palat	ka, Florida 32177		
-	(City/State and Zip Code)		-
For fu	orther information concerning this matter,	please call:	
Adam	n Rowe	386	329-9081
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to to 5 Filing Fee		Pepartment of State for: Fee & Certified Copy
	CET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section on of Corporations		Registration Section Division of Corporations
	n Building	,	P.O. Box 6327
	Executive Center Circle nassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



FILED 2015 APR 27 PM 4: 17

FLORIDA DEPARTMENT OF STATE TO A STATE STATE DIVISION OF CORPORATIONS OF THE STATE OF STATE O

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department ior Solutions & Services, LLC
2. The Florida doc L1400003358	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Dishard I L	
Member/ Mar	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
a darv. Ar	issociating Member or Resigning Manager
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)