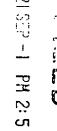
(Danish da Nama)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<b></b>				
Special Instructions to Filing Officer:				

Office Use Only



200372299762

11. 12 Land



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Choice Gutters (Name of Limited Liability)	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to:
Terry MCFadin (Contact Person)	<del></del>
Charce Gutters LLC (Firm/Company)	
Lo31 Triumph Ct #3	
Drlando Fl. 32805 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Terry Me Fadin at (3) (Name of Contact Person) (Area)	21 ) 438 - 2503 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	ida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 I	limited liability company as it a	appears on the records of the	Florida Department
of State is: C+	toice Gutters	LLC	·
2. The Florida docu	ment/registration number assig	ned to this limited liability e	ompany is:
L140000	58685	·	
3. The date this mer	mber/manager withdrew/resign	ed or will withdraw/resign is	Ebusiy, 202
4. 1, <u>Kiriber</u> (Print Na	Ty Dawn CraC+ ime of Person Resigning)	, hereby withdraw/resign a	as a
<u> </u>	Print Title)		2021
of this limited liab resignation in writ	Print Title)  willity company and affirm the liting.	mited liability company has	
Hube	is Cut		PH 2: 5
Signature of Dis	ssociating Member or Resignin	g Manager	51 ATE
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		