## L14 000 149839

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

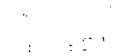




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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB.	JECT: Foreverbuilt Rem	nodeling L	
The e	nclosed member, resignation or disso	ciation and fee(:	s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to:	
	Hamza Iqbal (Contact Person)		<del></del>
For	everbuilt Remodeling L	LC.	<del>-</del>
12	93 Harbour Town Drive	<u> </u>	_
<u>Or</u>	ange Park, FL, 32065 (City/State and Zip Code)		_
For fu	urther information concerning this ma	itter, please call:	
На	ımza Iqbal	at ( 904	, 497-5612
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 Departm			
	oreverbuilt Remodeling LLC.			
2. The Florida doc	ument/registration number assigned to this limited liability company is:			
L14000	0149839			
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 09/01/2018			
. I. Maseehullah Hassan , hereby withdraw/resign as a (Print Name of Person Resigning)				
MGR, Memb				
	(Print Title)			
resignation in wi	-			
11 23/1-				
Signature of D	issociating Member or Resigning Manager			
	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			