

L14000163053

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
15 APR - 7 AM 10:49

CL.
4-10-15

TO: Amendment Section
Division of Corporations

SUBJECT: Nationwide Moulding LLC
(Name of Corporation)

DOCUMENT NUMBER: FL 14000163053

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Horne

(Name of Person)

Nationwide Moulding LLC
(Name of Firm/Company)

5765 N Sabie Circle Mary
(Address)

Mary FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Horne at (984) 415-2121

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301



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DIVISION OF CORPORATIONS

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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 Department of State is: NATIONWIDE MOULDING LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000163053

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, CHRISTOPHER HORNE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)