

L14000184183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

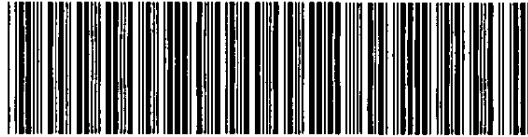
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Shutters, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nafije Bislimi
Name of Person

Liberty Shutters, LLC
Firm/Company

414 N.W. Lake Whitney Place
Address

Port St. Lucie, FL 34986
City/State and Zip Code

LibertyShutters@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nafije Bislimi at (772) 207-7467
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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: Liberty Shutters, LLC

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

L14000184183

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug. 5, 2015

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

Manager/Member
(Print Title)

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

ⓧ Louis Piscitelli
Signature of Dissociating Member or Resigning Manager

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

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