# U14000186719

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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#### **COVER LETTER**

Division of Corporations

Supplied to OPC Remodelling and Remodelling

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Franklin E. Turner Jr.

DR Remodeling : Repairs LLC

3341 Pepria evad

Orange Park FL 32065
(City/State and Zip Code)

For further information concerning this matter, please call:

Franklin Turner at 90

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sum\_\$\$ \$25 \text{ Filing Fee} \sum\_\$\$ \$55 \text{ Filing Fee} & Certified Copy}

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO:

Registration Section



### 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 recor	ds of the Florida	Departi	nent
of State is:	PC Remodelin	ng and Re	pairs LL	.C	·
2. The Florida docu	ment/registration number as	ssigned to this limited l	iability company	is:	
<u>L140001</u>	86719		<u></u>		
3. The date this mer	mber/manager withdrew/res	igned or will withdraw	/resign is: 10	0 8	10
4. I, Klyi N	J. TUYNLY ame of Person Resigning)	, hereby withdraw	v/resign as a	19	Wes 1 ag
_ Mana	Prio Title)		FLORIO	PH 4: 24	Parties.
of this limited liab resignation in wri	oility company and affirm th	ne limited liability comp	pany has been no		ſmy
Signature of Dis	):JUTUIT ssociating Member or Resig	ning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				