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OVER LETTER

SCEPHASSEE CLOSE Division of Corporations LIFETIME ROOFING LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: John P. Goshgarian, Esq. (Contact Person) John P. Goshgarian, P.A. (Firm/Company) 6808 Griffin Road, Suite 1 (Address) Davie, FL 33314 (City/State and Zip Code) For further information concerning this matter, please call: John P. Goshgarian, Esq. (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

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 records of the Florida Department
of State is:	TIME ROOFING LLC	
2. The Florida docu	ument/registration numbe	r assigned to this limited liability company is:
L1500007163	0	
3. The date this me	mber/manager withdrew/	resigned or will withdraw/resign is:
4. I. Steven E. Bates		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
AMBR-CEO		
	(Print Title)	_ -
of this limited lial resignation in wr		n the limited liability company has been notified of my
Signature of Di	ssociating Member or Re	rsigning Manager
_	\$25.00 (Required) \$30.00 (Optional)	