

L15000071917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

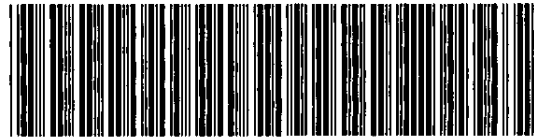
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
APR 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Finishes, LLC
(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:

Clint Ledferd

(Contact Person)

(Firm/Company)

7355 SW 13th St

(Address)

Okeechobee, FL 34974

(City/State and Zip Code)

For further information concerning this matter, please call:

Clint Ledferd

(Name of Contact Person)

at (803) 801-0634

(Area Code & Daytime Telephone Number)

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:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Clint Ledferd
7355 S.W. 13th S.t.
Okeechobee, FL 34974
863-801-0634

March 31, 2017

To Whom It May Concern,

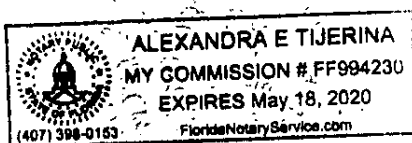
This letter is intended to inform Florida Department of State and serve as documentation that my name was added to the LLC Quality Finishes on June 30, 2015 as an authorized member without my knowledge or permission.

Sincerely,



Clint Ledferd

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sworn to me, on this date
march 31, 2017, by Clint Ledferd,
personally known to me.

Alexandra E. Tijerina



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: Quality Finishes, LLC

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

L15000071917

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/31/2017

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

Authorized member
(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

2017 APR 10 P 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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