L15000076386

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	= #)		
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COVER LÉTTER

TO: Registration Section Division of Corporations			
SUBJECT: Navarre Repair and Rem	odel, LLC	المان مسا المان بران	
	Limited Liability Co	mpany)	-
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.	5
Please return all correspondence concerni	ng this matter to:		
JOSHUA OVERSTREET			
(Contact Person)		_	
Navarre Repair and Remodel, LLC			
(Firm/Company)		_	
8267 TOLEDO ST			
(Address)		_	
NAVARRE / FL 32566			
(City/State and Zip Code)			
For further information concerning this m	atter, please call:		
JOSHUA OVERSTREET	850	586-3069	
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	_
Enclosed please find a check made payabl \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

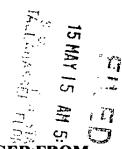
CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN <u>LIMITED LIABILITY COMPANY</u>

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the records of the Florida Department of State is: NAVARRE REPAIR AND REMODEL, LLC				
2. The Florida doc L1500007638		ned to this limited liability company is:		
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:		
MGR				
	(Print Title)			
of this limited lia resignation in wr	* *	mited liability company has been notified of my		
Signature of D	SGA Control of Resigning	Manager		
-	\$25.00 (Required)			
Cennieu Copy:	\$30.00 (Optional)			