

S. YOUNG
MAR 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Shutter Components
(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:

Chris DUGAN
(Contact Person)

AMERICAN shutter components
(Firm/Company)

885 MUDJACK Circle
(Address)

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

For further information concerning this matter, please call:

Chris DUGAN at (772) 344-7744
(Name of Contact Person) (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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 21 PM 4:57



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: AMERICAN SHUTTER COMPONENTS

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

L15000 126 796

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-15-15

4. I, Beth A DUGAN, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR 21 PM 4:57