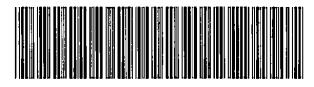
## L15000137849

(Requestor's Name)
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## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJ	SUNCOAST WINDOWS & DOORS, LLC					
	(Name of Lim	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissocia	ation and fee(	s) are submitted for filing.			
Please	return all correspondence concerning to	this matter to:				
MAUF	RICIO DE JESUS CIFUENTES GO	MEZ				
	(Contact Person)		_			
	(Firm/Company)	·	_			
5258	GOLDEN GATE PARKWAY					
	(Address)		_			
NAPL	ES FL 34116					
	(City/State and Zip Code)		_			
For fur	ther information concerning this matte	r, please call:				
ADRIA	ANA LEDESMA	239	4657486			
	(Name of Contact Person)		& Daytime Telephone Number)			
Enclose	ed please find a check made payable to Filing Fee		Department of State for: Fee & Certified Copy			
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations. Building xecutive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



## 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)

	limited liability company (COAST WINDOWS & D	as it appears on the records of the Florida Dep DOORS, LLC	nartment
2. The Florida docu L15000137849		assigned to this limited liability company is:	がいたから
		esigned or will withdraw/resign is:	19
4. I, GOMEZ, DAN	VIEL 	, hereby withdraw/resign as a	-
			, 15-
Title Manager			
(	Print Title)		T
resignation in write	1996. 2	the limited liability company has been notified	d of my
Signature of Dis	ssociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (2/14)