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COVER LETTER .

Division of Corporations		
SUBJECT: Calloway Roofing LLC		
	nited Liability (Company)
The enclosed member, resignation or dissoc	ciation and fe	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter	to:
Drew Calloway		
(Contact Person)		
Calloway Roofing LLC		
(Firm Company)		_
504 N. Hudson St		
(Address)	•	
Orlando FL 32835		
(City/State and Zip Code)		
For further information concerning this mat	ter, please ca	ill:
Drew Calloway	615 at (456-5535
(Name of Contact Person)	(Area Co)ode & Daytime Telephone Number)
Enclosed please find a check made payable [V \$25 Filing Fee		a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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: Callo	way Roofing LLC		
2. The Florida docu	ument/registration number as	ssigned to this limited liab	ility company is:
L100000	15582	. <u></u> -	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/res	sign is: JAN 19, 2021
4. I. Samue (Print N	d Glicken Jame of Person Resigning)	hereby withdraw/re	rsign as a
<u>D</u> wner	(Print Title)		
of this limited lia resignation in per	bility company and affirm thiting.	ne limited liability compan	y has been notified of my
lu	•		2021 6
Signature of Di	ssociating Member or Resig	ning Manager	2021 FEB 15
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FH 5: 0