L16000 129499

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
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| | | | |
| Office Use Only | | | |



04/01/19--01025--001 **25.00

G. PRATHEN

COVER LETTER

TO: Registration Section Division of Corporations

•

SUBJECT: SAMSON ROOFING, 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:

Bradley W. Butcher

(Contact Person)

Butcher & Associates, PL

(Firm/Company)

6830 Porto Fino Circle, Ste. 2

(Address)

Fort Myers, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

| Bradley W. Butcher | 239 | 322-1650 |
|--------------------------|------------|-----------------------------|
| | at (| _) |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) |

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

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)

- 2. The Florida document/registration number assigned to this limited liability company is: L16000069499

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

4. I. Gordon R. Ladwig

(Print Name of Person Resigning)

_____, hereby withdraw/resign as a

Member and Manager

(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 Resigning Manager

Filing Fee: \$2 Certified Copy: \$3

\$25.00 (Required) \$30.00 (Optional)



IALL MAAS

CR2E079 (2/14)