116000103046

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1110121

Office Use Only



800355800368

02/12/21--01007--003 **25.00

SECRETARY OF STATE

2/12/21

COVER LETTER

	distration Section distribution of Corporations			
SUBJECT	Installations Unlimited of S.W	. Florida LLC		
.,01	(Name of Limited Liability Company)			
The enclos	ed member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please retu	rn all correspondence concern	ing this matter to:	:	
Matthew U	ebetacker			
	(Contact Person)		_	
Installations	Unlimited of SW Florida LLC			
	(Firm/Company)			
3455 Bobcat	Village Center Road			
·	(Address)		_	
North Port	FL 34288			
•	(City/State and Zip Code)			
For further	information concerning this r	natter, please call	:	
Matthew Ue	belacker	941 at (426-5656	
(Name of Contact Person)		e & Daytime Telephone Number)	
Enclosed p ■ \$25 Fiii	dease find a check made payal ng Fee		Department of State for: ag Fee & Certified Copy	
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



FILED 2021 JAN 19 AMII: LI SECRETARY OF STATE TALLAHASSEE, FL

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
	tallations Unlimited of S.W. Florida, LLC
2. The Florida docu L16000103046	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4.1. Russell J Uebe	
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
y	
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)