## 1/600/160786

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER . . .

	Registration Section Division of Corporations		
SUBJE			
	(Name of	f Limited Liability Co	mpany)
The end	closed member, resignation or dis	sociation and fee(	s) are submitted for filing.
Please r	eturn all correspondence concerr	ning this matter to:	
Melisa	Zambrana		
	(Contact Person)		_
	11		_
	(Firm/Company)		
7130 6	9th Street North		
_	(Address)		_
Pinella	ns Park, FL 33781		
	(City/State and Zip Code)		<del>_</del>
For furt	her information concerning this i	natter, please call:	
Melisa	Zambrana	727 at (_	423-1585
	(Name of Contact Person)		& Daytime Telephone Number)
Enclose \$25 I	ed please find a check made payal Filing Fee		Department of State for: g Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
	ation Section n of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
	see Florida 32301		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)

	Roofing & Repair L.L.C.	s it appears on the records of	of the Florida Department	
2. The Florida doc L1600016678	ument/registration number as	ssigned to this limited liab	ility company is:	
	<del></del>			
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/res	sign is:	
4. I. Chad Sterling		, hereby withdraw/resign as a		
Authorized M				
	(Print Title)			
of this limited lia resignation in wi	ibility company and affirm th	ne limited liability company	y has been notified of my	
Chard	H		₩isa 4 <del>-4</del>	
Signature of D	issociating Member or Resig	ming Manager	F) DEC	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ELED Section 2	