L17000020062

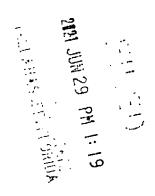
(F	Requestor's Name)			
<u>A)</u>	Address)			
<u> </u>	Address)			
(0	Dity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	o Filing Officer:			

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96,728,816,800604,8000, 44,800,00



COVER LETTER

Division of Corporations		
National Kitchen and Bath, LLC SUBJECT:		
	imited Liability Co	ompany)
The enclosed member, resignation or disso	ociation and feet	s) are submitted for filing.
Please return all correspondence concernit	ng this matter to	:
Richard Schwartz		
(Contact Person)	-	
National Kitchen and Bath, LLC		
(Firm/Company)		
243 Landings Blvd.		
(Address)	.	_
Weston, FL 33327		
(City/State and Zip Code)	<u></u>	_
For further information concerning this ma	atter, please call	:
Richard Schwartz	954 at (448-0324
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida	Department of State for:
□ \$25 Filing Fee		ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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 reco	ords of the Florida I	Department
of State is: Natio	nal Kitchen and Bath, LLC			·
2. The Florida docu	ament/registration number	assigned to this limited	liability company i	s:
1.17000020062		·		
3. The date this me	mber/manager withdrew/r	esigned or will withdray	v/resign is: <u>5/14/21</u>	
4. I. Michael Schwart (Print N	z. lame of Person Resigning)	, hereby withdra	w/resign as a	
Member	(Print Title)			2921 JUN
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability con	npany has been noti	
Signature of Di	ssociating Member or Res	igning Manager	Ä	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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of State is: Natio	nal Kitchen and Bath, LLC		<u> </u>		·
2. The Florida doc	ument/registration number	assigned to this limited lia	bility company	is:	
1.17000020062		·			
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/re	esign is: <u>5/14/21</u>		
4. I. Michael Schwar (Print A	tz lame of Person Resigning)	hereby withdraw/r	esign as a		
of this limited lia resignation in wr	bility company and affirm titing. ssociating Member or Resi		ny has been not	2821 JUN 259 PM 1: 19	Ti f my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				