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## **COVER LETTER**

Division of Corporations BREEZE THRU RESCREEN LLC SUBJECT: (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: MATTHEW CARDELL (Contact Person) BREEZE THRU RESCREEN LLC (Firm Company) 2289 BARKSDALE ST (Address) PORT CHARLOTTE, FL 33948 (City State and Zip Code) For further information concerning this matter, please call: MATTHEW CARDELL 941 661-7897 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2I 079 (2.14)

TO:

Registration Section



## 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)

	limited liability company as	it appears on the records of the L LLC.	Florida Department
	ument/registration number a	ssigned to this limited liability co	mpany is:
ANDREW M	CARDELL	igned or will withdraw/resign is:, hereby withdraw/resign as	
(Prnt S	ame of Person Resigning)	nereny windrawnesign as	ď
		ne limited liability company has b	een notified of my
-	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		