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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Prine's Remodeling Services,	LLC.		
(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to:		
Terre	II Prine JR			
	(Contact Person)		_	
Prine	's Remodeling Services LLC			
	(Firm/Company)	·	_	
8904	Tupleo Drive		_	
	(Address)			
Tamp	oa FL 33637			
	(City/State and Zip Code)		_	
For fu	arther information concerning this matter	, please call:		
Terre	ell Prine Jr	813	270-3646	
	(Name of Contact Person)		e & Daytime Telephone Number)	
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
_	stration Section ion of Corporations		Registration Section Division of Corporations	
	on Building		P.O. Box 6327	
2661	Executive Center Circle hassee, 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)

	limited liability company as it as it seemodeling Services, LLC	appears on the records of the Florida Department C.		
2. The Florida document/registration number assigned to this limited liability company is:				
L17000228396	; :			
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:		
4. I, Lindsay Bell		, hereby withdraw/resign as a		
(Print No	ame of Person Resigning)			
	Nember (Print Title)			
of this limited lial resignation in wri		imited liability company has been notified of my		
Xin	dsay Bel			
Signature of Dissociating Member or Resigning Manager				
	· · · · · · · · · · · · · · · · · · ·			
Fillian Fam.	(\$25.00 (Paguirod)	•		
	\$25.00 (Required) \$30.00 (Optional)	•		
certified copy.	, 450.00 (optional)	•		

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