(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:					

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DEC 28 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/27/2021	_		⇔WALK IN⇔
ENTITY NAME FOXH.	AVEN ROOFING GI	ROUP LLC - 2	
DOCUMENT NUMBER_			
	PLEASE FILE 1	THE ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status	•	
	Certified Copy of Ar Certificate of Good S		
	"APUSTILLE"/	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		<u> </u>
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I2016000007	72
		S R FM	
Places and Time at 1	the chang muchan for	r and issues ar concerns. Thank wan s	ea much!



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 a	as it appears on the record	ds of the Florida Department
of State is: Fox	haven Roofing Group L	LC _	·
2. The Florida docu	ment/registration number	assigned to this limited li	lability company is:
L1700	0251436	 ,	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/	resign is: 12/23/21
	ame of Person Resigning)		
(NEW)	(Print Title)		
resignation in wri	iting.	-	oany has been notified of my
Signature of Di	ssociating Member or Resi	igning Manager	2321
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		THE MILLS