## L180000020134

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
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## **COVER LETTER**

Division of Corporations		
Haven Roofing, LLC		
	nted Liability Com	pany)
The enclosed member, resignation or dissoci	iation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
Tracy A Feamster		
(Contact Person)		
Haven Roofing, LLC		
(Firm'Company)		
2801 S. Bay Street		
(Address)	-	
Eustis, FL 32726		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Tracy A Feamster	352 _ at (	720-0930
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable t  \$\begin{align*} \$ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

		as it appears on the records of the Florida Department
of State is:		·
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L1800002073	4	
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign is: 7/31/18
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	<i>÷</i>
of this limited lia resignation in wr		the limited liability company has been notified of my
1	2	
Signature of D	issociating Member or Res	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	