## L18000 103056

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

Tallahassee, FL 32314

•	stration Section sion of Corporations				
SUBJECT:	Roof It Better, LLC				
(Name of Limited Liability Company)					
The enclosed	d member, resignation or disso	ociation and fee(s	s) are submitted for filing.		
Please return	n all correspondence concernir	ng this matter to:			
Teresa Meha	ffey		_		
	(Contact Person)				
Roof It Bette	r, LLC				
	(Firm/Company)	1,1-1	_		
1100 North Fi	orida Mango Road #G.				
<del></del>	(Address)		_		
West Palm Be	each, Fl. 33409				
****	(City/State and Zip Code)		_		
For further i	information concerning this ma	atter, please call:			
Teresa Meha	ffey	561 at (	437 -1031		
1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed plo	ease find a check made payabl ig Fee		Department of State for: g Fee & Certified Copy		
	ing Address:		Street Address:		
	istration Section		Registration Section		
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		

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	s it appears on the records of th	ne Florida Department
of State is:	rida		
2. The Florida doc L18000103056	ument/registration number a	ssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	is:
4. I, Brittany Mehaf	fev	, hereby withdraw/resign	
Managing Memb			,
	(Print Title)		- <del></del> 
resignation in wr		ne limited liability company has	s been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		