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2022 OCT 31 AM II: 26 SECRETARY OF STATI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Robinson Glazin</u> (Name of Limited)	9 Solution 5 Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Marc Robinson (Contact Person)	
Rebinson Glazing Solutions (FightCompany)	
19985 NW 13th Street	
Dunnellan FL 34431 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Marc Robinson at (Name of Contact Person)	(352) 812-6494 (Arca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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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 it ap	pears on the record	ds of the Florida Department
of State is:	Robinson	Ghzing	Solutions	LLC
2. The Florida doc	ument/registratio	on number assign	ed to this limited li	ability company is:
L18006	130 59	6		
3. The date this mo	:mber/manager v	vithdrew/resigned	d or will withdraw/	resign is: 10/26/22
4.1, Brant (Print N	lame of Person Resi	gning)	, hereby withdraw	resign as a
AMBR	(Print Title)	·		
of this limited lia resignation in wr		and affirm the lim	ited liability comp	any has been notified of my
But	1 24			
Signature of D	ssociati ng Me m	ber or Resigning	Manager	
Filing Fee:	\$25.00 (Requ	uired)		
Certified Copy:	\$30.00 (Opti	onal)		