## L18000161726

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(Chy/State/2ip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
(Sosament Nambor)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

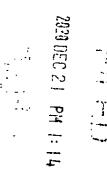
Office Use Only



800356545838

12/21/20--81007--022 \*\*25.00

S. YOUNG



## **COVER LETTER**

Division of Corporations	
SUBJECT: REMODELING & F (Name of Limited Lia)	ZEPAIRS, LLC bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
GCOTT BUTTS (Contact Person)	
RUMODELING & RUPARS, L	<u>ic</u>
465 E. South ST &4  (Address)  ORLANDO F. 32001  (City/State and Zip Code)	<del></del>
ORVANDO FE 32801 (City/State and Zip Code)	
For further information concerning this matter, plea	nse call:
SooTT BUTTS at (A) (Name of Contact Person) (A)	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F S25 Filing Fee S25	Torida 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

TO: Registration Section



## 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 records of	the Florida Department
of State is: <u>k</u>	EMODELING &	REPAIRS, LLC	
2. The Florida docu	iment/registration number a	assigned to this limited liabili	ty company is:
L 180	00161726		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resig	in is: 12/31/2020
4. I. MAX	ame of Person Resigning)	, hereby withdraw/resig	gn as a
A ~	1 BR (Print Title)		
of this limited lia resignation in wr	· · ·	he limited liability company l	has been notified of my
	N		2820 DEC
Signature of Di	ssociating Member or Resi	gning Manager	2 2 3
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 1: 11