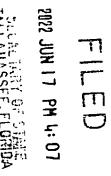
## 

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





06/17/22--01013--021 \*\*25.00





## **COVER LETTER**

SUBJECT:	Citadel Rooting and Remodeling, LLC (Name of Limited Liability Company)				
JOBSEC I.					
The enclosed	member, resignation or dis	sociation and fee	(s) are submitted for filing.		
Please return	all correspondence concerr	ning this matter to	);		
Mark Brown					
	(Contact Person)	<del></del>			
Cita <b>del</b> Roofin	g and Remodeling, LLC				
	(Firm/Company)		_		
605 N County	Hwy 393. STE 11-B				
	(Address)	<del>-</del>	<del></del>		
Santa Rosa Bea	och, FL 32459				
	(City/State and Zip Code)		_		
For further in	formation concerning this r	natter, please cal	l:		
Mark Brown		805 at (	797-1163		
(N	ame of Contact Person)		le & Daytime Telephone Numbe		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section 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 a	s it appears on the records of the	Florida Department	
of State is:	nadel Roofing and Remodeling, LLC			
2. The Florida d		essigned to this limited liability c	ompany is:	
3. The date this	member/manager withdrew/res	signed or will withdraw/resign is	6/18/2020	
4. 1. Sam Venker		, hereby withdraw/resign as a		
(Prii	nt Name of Person Resigning)			
Owner				
<del></del>	(Print Title)			
of this limited resignation in	liability company and affirm the writing.	ne limited liability company has	been notified of my	
5u() Senker Jun 12, 2022	09 5a CD7)			
Signature of	Dissociating Member or Resig	gning Manager	2022 JUN STURE D	
Filing Fee:	\$25.00 (Required)		AM JUN	

Certified Copy:

\$30.00 (Optional)