## L19000 013 736

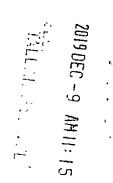
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Hart Roofing LLC	
(Name of I	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Joshua Hart	
(Contact Person)	
Hart Roofing LLC	
(Firm/Company)	
421 Seamarge Lane	
(Address)	
Pensacola, FL 32507	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Joshua Hart	850 378-1211 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	le to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
2	_ task ing task to the area cap,
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 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 of State is:	• • • • • •	appears on the records of the Florida Department
2. The Florida doci	ument/registration number assign	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned	ed or will withdraw/resign is:
4. I, $\frac{\text{MATTHEW BA}}{(Print A)}$	CCHIERI  Tame of Person Resigning)	_, hereby withdraw/resign as a
Member		
	(Print Title)	
resignation in wr	iting.	mited liability company has been notified of my
Signature of Di	ssociating Member or Resigning	Manager 2019 DEC - 9
	\$25.00 (Required) \$30.00 (Optional)	-9 AHII: