

L19000138512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

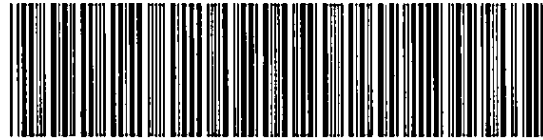
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400343252544

04/27/20--01012--015 \*\*110.00

2020 APR 27 PM 12:38

O S.M.V.

MAY 12 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOBAL ROOFING AND CONSTRUCTION LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID RIVERA  
(Contact Person)

GLOBAL ROOFING AND CONSTRUCTION  
(Firm/Company)

P.O. BOX 195505  
(Address)

WINTER SPRINGS, FL 32719  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID RIVERA at ( 407 ) 760-8062  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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



2020 APR 27 PM 12:38

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 appears on the records of the Florida Department of State is: GLOBAL ROOFING AND CONSTRUCTION LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000138512

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/3/2020

4. I, ANTHONY M. CHILDRESS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AP  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Anthony M Childress

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)