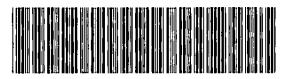
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Atlas RoofinG	Conthers Luc ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Ron Lucien (Contact Person)	
(Firm/Company)	
725 E. 24 1 PGAZA (Address)	
Transit eit Fl 32 (City/State and Zip Code)	2405
For further information concerning this matter	r. please call:
(Name of Contact Person)	at (<u>Z16</u>) <u>337-5251</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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)

	• • •	as it appears on the recor		epart	ment
of State is:	1+L-AS Roofing	& Southeast a	(c		·
	·	r assigned to this limited l		3 :	
	0/83946			,	
3. The date this me	mber/manager withdrew/	resigned or will withdraw	/resign is:	/2:	<u></u>
4. I. Rona (Print N	ame of Person Resigning)	, hereby withdraw	resign as a		
17 G	72 (Print Title)	_•			
of this limited lia resignation in wr		n the limited liability comp	oany has been notif	ied o	f my
	1-		8.7.7 177	2020	
Signature of Di	ssociating Member or Re	signing Manager		2020 AUG 1 O	
_	S25.00 (Required) S30.00 (Optional)		ARY OF S	₽.	
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