

L200000 33582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

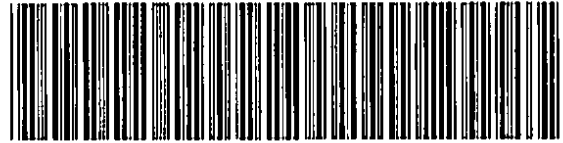
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400341703124

OR 10/20--01016--026 **55.00

RECEIVED

MAR 09 2020

2020 MAR -9 PM 2:28
FILED
MAR 9 2020

O SIMMONS

MAR 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DuraVerde J&N 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:

Carmen J. Velasquez

(Contact Person)

DuraVerde J&N Roofing and Construction LLC

(Firm/Company)

10212 Union Park Drive

(Address)

Orlando, FL 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen J. Velasquez

(Name of Contact Person)

407

at (_____) _____

451-9897

(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



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)

2020 FEB -9 PM 2:28

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DuraVerde J&N Roofing and Construction LL
2. The Florida document/registration number assigned to this limited liability company is:
L20000033582
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/01/2020
4. I, Norman Verde, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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