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Fax Number : (850)617-6383

From:

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP TIER GLASS LLC

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## 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: TOP T	limited liability company as it appears on the records of the Florida Department IER GLASS LLC
2. The Florida docu L20000060665	ment/registration number assigned to this limited liability company is:
, MELINDA LEYY	ame of Person Resigning), hereby withdraw/resign as a
	Print Title)
of this limited liab	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)