120 000 103 486

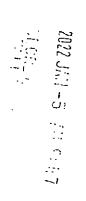
(Reques	stor's Name)			
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COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: ALLIED FOAM FABR	I CATORS		
(Name of Lim	ited Liability Company)		
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
John Sepessy			
(Contact Person)			
Allied Foam Fabricators			
(Firm/Company)			
216 Kelsey Lane			
(Address)			
Tampa, FL 33619			
(City/State and Zip Code)			
For further information concerning this matte	r, please call:		
John Sepessy	813 626 0090 at ()		
(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:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E079 (2/14)



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)

	e limited liability company as			rida Departme	nt
2. The Florida doc L20000103486	cument/registration number a		ed liability com	oany is:	
WILC .	ember/manager withdrew/res		_	/31/2021	-
(Print i	Name of Person Resigning) 1 (Print Title)	, nereby whila	awiresign us a		
of this limited lia resignation in w	bility company and affirm th	e limited liability co	mpany has beer	notified of m	у
Will a	avant				
Signature of D	issociating Member or Resign	ning Manager		2022	
	\$25.00 (Required) \$30.00 (Optional)			2002 264 - 5 10	•