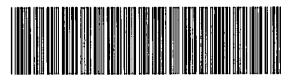
## L20000117661

(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:		

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NOTIVE THE PROPERTY OF STATES

U. Smith

## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
NORMANDIN MANUFACTURING, LLC SUBJECT:	
(Name of Limited Liability Company).	<del></del>
The enclosed member, resignation or dissociation and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to:	
David Normandin JR	
(Contact Person)	
NORMANDIN MANUFACTURING, LLC	<u>~</u>
(Firm/Company)	
2206 72nd DR E	20 AUS 14 AHII 12
(Address)	
Sarasota, FL 34243	AHIII 12
(City/State and Zip Code)	ين 20 هر
For further information concerning this matter, please call:	
David Normandin JR 941 374-1012 at ( )	
(Name of Contact Person) (Area Code & Daytime Tele	
Enclosed please find a check made payable to the Florida Department of S  ☐ \$25 Filing Fee	
Mailing Address:Street Address:Registration SectionRegistration Section of CorporationsDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

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)

so . NOI	dimited liability company as it appears on the records of the Florida Dep	artment 
2. The Florida doci	ument/registration number assigned to this limited liability company is:	N -
MADCADET	mber/manager withdrew/resigned or will withdraw/resign is:  NORMANDIN  hereby withdraw/resign as a	0 AUS 11
MANAGER	, hereby withdraw/resign as a ame of Person Resigning)  (Print Title)	
	bility company and affirm the limited liability company has been notified	∼ Er lofmy
Mont & Signature of Di	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	