## KZ0000 154047

(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:	(D)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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## **COVER LETTER**

-	sion of Corporations				
SUBJECT:	Fogged Glass and Door Repair,	LLC			
Schaler.	(Name of	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis				
Please return	all correspondence concern	ning this matter to	o:		
Wendy Willian	ns				
	(Contact Person)		<del></del>		
	(Firm/Company)		<del></del>		
421 Rhonda K	ay Ct				
	(Address)		<del></del>		
Fort Walton Be	each, FL 32547				
	(City/State and Zip Code)	<u></u>	<del></del>		
For further is	nformation concerning this	matter, please cal	II:		
Wendy Willian	ms	850 at (	376-3855		
(N	lame of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed ple	ease find a check made paya	ble to the Florida	a Department of State for:		
☐ \$25 Filing	g Fee	■ \$55 Fili	ing Fee & Certified Copy		
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		Ì	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)

1. The name of the	limited liability company a	s it appears on the records of the Florida Depar	rtme
of State is: FOG	GGED GLASS AND DOOR REP	AIR LIMITED LIABILITY COMPANY	
2. The Florida docu	ament/registration number a	ssigned to this limited liability company is:	
L20000154047			
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:	
Wondy Williams		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
Manager			
	(Print Title)		
resignation in wr	iting.	he limited liability company has been notified	of m
Windy	Williams		
	ssociating Member or Resi	gning Manager	caca NO
Filing Fee:	\$25.00 (Required)		<u>-</u> 
	\$30.00 (Optional)	C	グ
	•	3	جميد مدر