

120000265374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

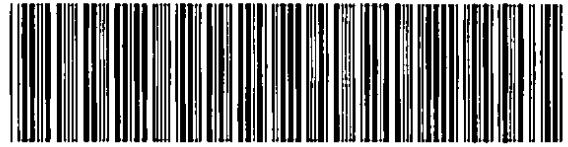
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2021 NOV 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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2021 NOV 30 AM 10:42

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2021

JEFF NAYLOR
2677 PONKAN SUMMIT DR
APOPKA, FL 32712 US

SUBJECT: PERSONAL TOUCH ROOFING LLC
Ref. Number: L20000265374

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 621A00026467



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as it appears on the records of the Florida Department of State is: PERSONAL TOUCH ROOFING LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000265374

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, TRACY CARTWRIGHT, hereby withdraw/resign as a
(Print Name of Person Resigning)

TRACY CARTWRIGHT
(Print Name)

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

Tracy Cartwright
Signature of Dissociating Member or Resigning Manager

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