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SECRETARY OF SIMI

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Certified Stairs UC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Lean Cottrell (Contact Person)
Lean Cottrell (Contact Person) Certified Stairs uc (Firm/Company)
2312 Clark St. B-1
A poplea FL 32703 (City/State and Zip Code)
For further information concerning this matter, please call:
Lean Cottrell at (321) 557 - 7482 (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE. FL

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:	ertified Stars LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L20000	28 7638
	mber/manager withdrew/resigned or will withdraw/resign is: 12 21 21
4. J. Nichold (Print No.	, hereby withdraw/resign as a aume of Person Resigning)
Quner	Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Dichageni	<u></u>
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)