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(Ac	ddress)			
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(Ci	ity/State/Zip/Phone #)	<u> </u>		
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TO:	_	stration Section sion of Corporations	, 4.	· · · · · · · · ·		
	6,2141.	non or corporations				
SUBJ	ECT:	HELP ROOFING LLC				
		(Name of Limited Liability Company)				
The ci	nclosec	l member, resignation or dis	sociation and fee	e(s) are submitted for filing.		
Please	e return	all correspondence concern	ning this matter to	o:		
HUILI	BBER S.	ANTIAGO MEDINA				
	· · · · · ·	(Contact Person)		_		
HELP	ROOFD	NG LLC				
		(Firm/Company)		_		
4061 E	EDGEW ^a	OOD AVE				
		(Address)		_		
FORT	MYERS	S FLORIDA 33916				
		(City State and Zip Code)				
For fu	irther ii	nformation concerning this r	natter, please cal	H:		
HUILE	BBER S.	ANTIAGO MEDINA	239 at (872-7576		
	(N	ame of Contact Person)		de & Daytime Telephone Number)		
	sed plo 5 Filing	ease find a check made payal g Fee		Department of State for: ing Fee & Certified Copy		
		ng Address:		Street Address:		
	_	stration Section sion of Corporations		Registration Section Division of Corporations		
		Box 6327		The Centre of Tallahassee		
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



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)

	limited liability company as	it appears on the records of the Florida Department
		ssigned to this limited liability company is:
		igned or will withdraw/resign is:
4. I. ALEJANDRO F	ONSECA AGUILAR lame of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
of this limited lia resignation in wr		e limited liability company has been notified of my GC ning Manager
	\$25.00 (Required) \$30.00 (Optional)	