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TO: Registration Section Division of Corporations

SUBJECT: SOLAR CONTROL WINDOW TINTING LLC

(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:

Jonathon W. Baker, Esq. (Contact Person)

Baker Law, P.A.

(Firm/Company)

27251 Wesley Chapel Blvd. #1044

(Address)

Wesley Chapel, FL 33544 (City/State and Zip Code)

For further information concerning this matter, please call:

Jonathon W. Baker, Esq.at (_____813__)388-9457(Name of Contact Person)(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Scertified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



EFORIDA DEPARTMENT OF SEATI DAVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, 1 londa Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

OF STATE & SOLAR CONTROL WINDOW TINTING LLC

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

L20000388494

3. The date this member/manager withdrew/resigned or will withdraw/resign is: OCTOBER 26, 2021

4.1. ELIZABETH REID _____, hereby withdraw resign us a (Print Name of Person Resigning)

MANAGER AND MEMBER_____.

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

Signature of Dissociating Member or Resigning Manager

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

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