

(Re	equestor's Name)	······································
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COVER LETTER

TO: Registration Section	
Division of Corporations	
COLDSTREAM EXTERIORS TA	MPA LLC
(Name of Li	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernin	ig this matter to:
BRADLEY KLINE	
(Contact Person)	
(Firm/Company)	
1415 Butch Cassidy Trail	
(Address)	
Wimauma, FL 33598	
(City/State and Zip Code)	
For further information concerning this ma	ntter, please call:
Bradley Kline	813 382-2248 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	e to the Florida Department of State for: \$\infty\$\$\infty\$\$\$\$\$ \$\infty\$\$\$\$\$ Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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 OSTREAM EXTERIORS TAMPA LLC
2. The Florida doc L21000171404	ument/registration number assigned to this limited liability company is:
3. The date this inc	ember/manager withdrew/resigned or will withdraw/resign is:
D 11 171i	, hereb withdraw resign as a same of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)