KZ1 000 275 289

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	_			

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06/21/21--01019--025 **\$5.00



JUL . LULI

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	O & A Door, LLC		
	(Name of L	imited Liability Co	ompany)
The enclosed	d member, resignation or disso	ociation and fee((s) are submitted for filing.
Please return	all correspondence concerning	ng this matter to	:
Alice C Donne	dly		
	(Contact Person)		_
O & A Door, I	_LC		
	(Firm/Company)		_
8612 Winterha	iven Drive		
	(Address)		
Hudson, Florid	i a		
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	itter, please call	:
Alice C Donne	elly	315 at (481-7459)
(.N	lame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed ple	ease find a check made payable g Fee		Department of State for: ng Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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 Flo A Door, LLC	orida De	рапт	ent
	ment/registration number assigned to this limited liability com	pany is:		
	· · · · · · · · · · · · · · · · · · ·		-5	
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:	ne 16, 20	21 –	
Orban Pinhard Vi	init.da.a		· ;	-
(Print No	, hereby withdraw/resign as a aume of Person Resigning)	<u> </u>		٠
MBR		71	골	i i
	Print Title)	in a Thirt	PH 2: 52	(deca)
of this limited liab resignation in writ	oility company and affirm the limited liability company has been ting.	n notifie	od of m	ıy
LA CONTRACTOR OF THE PARTY OF T				
Signature of Dis	sociating Member or Resigning Manager			
	S25.00 (Required)			
Certified Copy:	S30.00 (Optional)			