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COVER LETTER

Division of Corporations	
SUBJECT: S & R Crown (Name of Limite	& Trim LLC d Liability Company)
The enclosed member, resignation or dissociat	on and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
MICOLO HAUSEC (Contact Person)	
(Firm/Company)	
3885 Drayton Way	
Palm Harbor, FZ. 34685 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 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

CR2E079 (2/14)

TO: Registration Section



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	s it appears on the records of th	ne Florida Department
of State is: 5	&R Crown & 7	Trim LC	
2. The Florida doci	ument/registration number a	ssigned to this limited liability	company is:
L22000	018942		
		signed or will withdraw/resign	` '
4. I, Nicole Print N	Hauser Tame of Person Resigning)	, hereby withdraw/resign	as a
Owner	(Print Title)		
of this limited lia resignation in wr		ne limited liability company ha	as been notified of my
Medi	Hauser		
Signature of Di	ssociating Member or Resig	ning Manager	2072
Ciling Coo.	\$25.00 (Paguired)		ZIMZ RIOV 21 ALLO HALOS
	\$25.00 (Required) \$30.00 (Optional)		21 21
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