L22000139737

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COVER LETTER

Division of Corporations	
SUBJECT. P. STORRICHTINH LIC	
SUBJECT: RIPTABRICATION LIC (Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Jeff GRAGG (Contact Person)	5)
(Contact Person)	
Py FABRICATION (Firm/Company)	23 FEB 21 AH 6: 50
(Firm/Company)	27# ****
321) Swort Fox Je.	 ଫୁ
	—
LAKE/AND Fl. 3380 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please of	all:
Teff GLAGO at (863 (Name of Contact Person) (Area C	3 412-6822
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	
□ \$25 Filing Fec □ \$555 F	iling Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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)

_	- •	as it appears on the records	•
of State is: N	PTABRICATION L	-LC	
2. The Florida docu	iment/registration number a	assigned to this limited liab	ility company is:
८ २३००० /	39737		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/res	sign is: FeB - 10 -2023
4. 1, <u>EUGENE</u> (Prim N	ame of Person Resigning)	, hereby withdraw/re	sign as a
MRG	(Print Title)		
of this limited lial resignation in wr		the limited liability compan	y has been notified of my
Signature of Di	Sociating Member or Resig	gning Manager	23 FEB 21
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH 6: 50