1220001888 No

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	J. HORNE	
	J. HORNE MAY 2 2 2024	

Office Use Only



100428662431

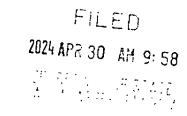
04/30/24--01003--002 **25.00



COVER LETTER

Division of Corporations	
IMC Roofing LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Hugo Hernandez	
(Contact Person)	
(Firm/Company)	
11711 NW 16 CT	
(Address)	
Pembroke Pines, FL 33026	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Hugo Hernandez	305 970-8802
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ■ \$25 Filing Fee	ne Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address.	Strant Addr
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 83 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 a	appears on the records of the Florida Department
2. The Florida docu	ument/registration number assig	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is: 4/24/2024
Hugo Homandez		
Authorized Memb		
	(Print Title)	
of this limited lial resignation in wri		mited liability company has been notified of my
Signature of Di	ssociating Member or Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	