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(Requestor's Na	me)
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PICK-UP WAIT	MAIL
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Certified Copies Certific	ates of Status
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Special Instructions to Filing Officer:	
Office	- 0-1



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## **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT:	Other Gutters LLC (Name of Limited Liability Con	/ npany)
The enclosed member, resig	gnation or dissociation and fee(s	) are submitted for filing.
Please return all correspond	lence concerning this matter to:	
<u>Johnathan</u>	Chamorro et Person)	-
MotherGi	uHcrSU, C Company)	-
3120 St. Clair A	ve, Apt C, <del>Didsma</del> r	-
Olds (City/State	mar, FL 34677	-
For further information cor	cerning this matter, please call:	
Kourtney Krus (Name of Contact	er at (217 Person) (Area Code	.) 490-3163 & Daytime Telephone Number)
Enclosed please find a chec \$25 Filing Fee	ck made payable to the Florida D □ \$55 Filing	Department of State for: Fee & Certified Copy
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)







## 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 it appears on the records of the Florida Department
of State is:	her Gutters LLC
2. The Florida document/r	gistration number assigned to this limited liability company is:
L22000262	288
3. The date this member/n	anager withdrew/resigned or will withdraw/resign is: 10/3/22
	hereby withdraw/resign as a erson Resigning)
AMBR.	
	impany and affirm the limited liability company has been notified of my
Loudney &	User
Signature of Dissociat	ng Member or Resigning Manager
_	.00 (Required) .00 (Optional)