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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

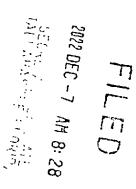
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A. RIVERS FEB 2 8 2023



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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: CUTHCHS+ TRUSS (Mponen+s (Name of Limited Liability Company))		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Gilbert Frank Lusez		
NA		
(Firm/Company)		
714 Powderhurn Circle (Address)		
Aske Mary F.J. 32746 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (303) 210-070 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 of State is:	HAST Truss Company as it appears on the records of the Florida Department	
2. The Florida document/re	egistration number assigned to this limited liability company is:	
	nanager withdrew/resigned or will withdraw/resign is: 11/2/2	
4. I, Oilbert Fram (Print Name of P	horized Person	
(Print Tite of this limited liability corresignation in writing.	ompany and affirm the limited liability company has been notified of my	C.
- Hour		
	ing Member or Resigning Manager .00 (Required)	
Certified Copy: \$30.	.00 (Optional)	