122000473861

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

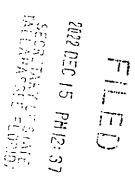
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A. RIVERS



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12/15/22--01010--017 **55.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
Sunbelt Screens LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
Raymond Zell	
(Contact Person)	
(Firm/Company)	
37436 Sky Ridge Circle	
(Address)	
Dade City, Fl 33525	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Raymond Zell	813 9512047 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Tallanassee, T.L. 32314	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)

Sunha	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu	ument/registration number as	ssigned to this limited liability company is:
3. The date this me Robert W. Waste 4. I.	SD	igned or will withdraw/resign is:
	ame of Person Resigning)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	