

L 22000503203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

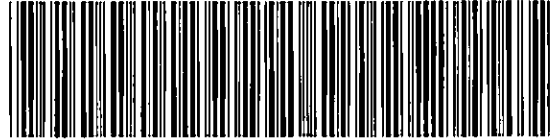
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/17/2024

NAME: WINDOWMAN 352 LLC

TYPE OF FILING: RESIGNATION OF MEMBER

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINDOWMAN 352 LLC

(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:

AMBER FISH

(Contact Person)

WINDOWMAN 352 LLC

(Firm/Company)

6410 NE 25TH AVE

(Address)

OCALA, FL 34479

(City/State and Zip Code)

For further information concerning this matter, please call:

AMBER FISH

at (352) 895-4100

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WINDOWMAN 352 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000503203 / 92-1234751

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2024

4. I, TYLER HAIKEY, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER /AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

11/26/2024

Members of Windowman 352 LLC
125 NW 23rd Ave
Suite #21
Gainesville, FL 32609

To All Members and Partners of Windowman 352 LLC (the "Remaining Partners")

RE: NOTICE OF WITHDRAWAL FROM PARTNERSHIP

I, Tyler Haikey (the "Withdrawing Partner") of Windowman 352 LLC, am voluntarily withdrawing from the Partnership. The date of withdrawal is effective on the 31st day of October, 2024.

With this document, the Withdrawing Partner gives Windowman 352 LLC and all Partners of Windowman 352 LLC notice of withdrawal in writing by email notification.

The Partnership Agreement is governed by the laws of the State of Florida and provides that the exclusive jurisdiction for the enforcement of this matter is the courts of the State of Florida.



Tyler Haikey, Withdrawing Partner

11/26/24

Date