## L23000202471

(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:

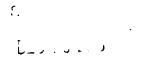




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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Shield WALL Systems, LLC (Name of Limited Liability Company)
(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:
Kenneth Taelor Furvis (Contact Person)
Shield Wall Systems, LLC (Firm'Company)
3270 Suntree Blvd. Box 54
Melbourne FL 32940 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \text{\$\text{\$\text{S55}}} \text{ Filing Fee & Certified Copy} \end{align*}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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: Shield	Wall Systems, LLC.
2. The Florida document/registration	on number assigned to this limited liability company is:
L230062020	471
	vithdrew/resigned or will withdraw/resign is: Nov 17, 2023
4.1. Kenneth Taelsr (Print Name of Person Res.	hereby withdraw/resign as a signing)
CO-OWNER MG	
of this limited liability company a resignation in writing.	and affirm the limited liability company has been notified of my
Kommett Taelo	a Puni
Signature of Dissociating Mem	ber or Resigning Manager
Filing Fee: \$25.00 (Req	uired)
Certified Copy: \$30.00 (Opti	onal)
	• -
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