123000402133

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(Address)
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2023 DEC - 4 PH 12: 05



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LMS Construction of Roofing, 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:
Zack Seevers (Contact Person)
LMS Construction & Roofing, LLC (Firm/Company)
4618 Sw 9th Ave
Cape Coral, FL 33914 (City/State and Zip Code)
For further information concerning this matter, please call:
Zack Seevers at 214, 460-1296 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{\$25}\$ Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303



2023 DEC -1, Pil 12: 05

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:	MS Construction 4 Roofing, LLC
	ument/registration number assigned to this limited liability company is:
	00402133
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 11/27/23
4.1. Patrici	hereby withdraw/resign as a many of Person Resigning)
·	(Print Title)
	bility company and affirm the limited liability company has been notified of my
Pm	Leevers
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)