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(Requestor's Name)
(Address)
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Divis	sion of Corporations				
SUBJECT:	Gray's Vinyl Siding, LLC				
.,019.11.	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissoc	iation and fee(:	s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to:			
Katelin Lindsa	y				
	(Contact Person)		_		
	(Firm/Company)		_		
782 Riley Rd			_		
	(Address)		•		
Middleburg, F	L. 32068				
	(City/State and Zip Code)		_		
For further in	nformation concerning this mat	ter, please call:			
Katelin Lindsa	ıy	443 at (910-3726		
(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)		
Enclosed ple ■ \$25 Filing	ease find a cheek made payable g Fee		Department of State for: g Fee & Certified Copy		
Mailie	ng Address:		Samuel Addings		
	stration Section		Street Address: Registration Section		
Divis	sion of Corporations		Division of Corporations		
	Box 6327		The Centre of Tallahassee		
1 alla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

TO: Registration Section



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)

of State is: Gray's	s Vinyl Siding, LLC		·
2. The Florida docu	ument/registration number a	ssigned to this limited liability compa	any is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 4/1/	/2024
Katelin Lindsay 4. I.		, hereby withdraw/resign as a	
	ame of Person Resigning)	nereoy which with the u	
Authorized Repre	sentative		
	(Print Title)		
resignation in wr	iting.	ie limited liability company has been . בואספאל ושלח ושפאל ning Manager	notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		4 CC 13 17