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COVER LETTER

TO: Registration Section Division of Corporations		
SUPERIOR SCREEN SYSTEMS LL SUBJECT:	.C	
(Name of Lim	ited Liability Co	ompany)
The enclosed member, resignation or dissoci	ation and fee((s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Kevin Boyer		
(Contact Person)		
SUPERIOR SCREEN SYSTEMS LLC		
(Firm/Company)		_
1368 Jupiter Rd		
(Address)		
Venice Florida 34293		
(City/State and Zip Code)	<u> </u>	_
For further information concerning this matt	er, please call	1:
Kevin Boyer	941 at (7695676)
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		Department of State for: ng 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 Tallahassee, FL 32303
CR2E079 (2/14)		PH 4: 09 OF STATE SEE, FL



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)

SHIPE	limited liability company as	it appears on the records of the	he Florida Department	
2. The Florida docu L24000448540	ument/registration number as	ssigned to this limited liability	company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign	is:	
4. I, MURPHY. SHAWN (Print Name of Person Resigning)		, hereby withdraw/resign	i as a	
Title MGR				
	(Print Title)			
of this limited lia resignation in wr		e limited liability company ha	as been notified of my	
She	m 1		47	
Signature of Di	issociating Member or Resig	ning Manager	2024 HOA	ਦਾ ^ਜ ਼
Filing Fee:	\$25.00 (Required)		¥ 22	10.3
Certified Copy:	\$30.00 (Optional)		PH 4: 0	1