M050000772

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

APED OPG 2/20



Toll Free: (800) 373-1833 Local: (904) 264-1289 Fax: (904) 264-1290

E-mail: cogan@bizsupportinc.com

www.blzsupportanc.com

2/12/2008

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Articles of Amendment & Foreign Registration

Enclosed are the articles of amendment / foreign registration documents for the following client(s).

Nations Roof, LLC

If you have any questions, please contact me at 904-264-1289.

Thanks,

Rebecca Taylor

Enclosures

COVER LETTER

SUBJECT: NATIONS ROOF, LLC	
(Name of Limited Liability	Company)
DOCUMENT NUMBER: M0500000772	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
DEBRA ANZALONE	
(Name of Person)	•
BUSINESS SUPPORT INC.	
(Name of Firm/Company)	
417 STOWE AVE SUITE A	
(Address)	
ORANGE PARK, FL 32073	
(City/State and Zip Code)	
For further information concerning this matter, please call:	ı
DEBRA ANZALONE at (904 (Area Code	264-1289 & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

•

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

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of sec	ction 608.416(2) or 608.50	9, Florida Statutes, the undersign	ied,	
LISA B. COGAN		, hereby resigns as		
(Name	of Registered Agent)	,,,,,,,		
Registered Agent for NATIC	ONS ROOF LLC			
	(Name of Limited Liability	Company)	······································	
M05000000772				
(Document Number, if kno	wn)			
A copy of this resignation was r	nailed to the above listed I	imited liability company at its las	st known address.	
The agency is terminated and th	e office discontinued on th	ne 31st day after the date on whic	th this statement is filed.	
If signing on behalf of an entity	Lisa B. C	d Name)	FILED 08 FEB I 4 PH I2: 01 SECRETARY OF STATE TALLAHASSEE. FLORIO	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314