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| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cid | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



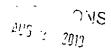
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COVER LETTER

Division of Corporations Everlast Renovating & Restoration Services, LLC SUBJECT: (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: Ronald DeHaven (Contact Person) Everlast Renovating & Restoration Services, LLC (Firm/Company) 6185 Knotty Pine Ct (Address) Port Orange, Florida 32127 (City/State and Zip Code) For further information concerning this matter, please call: Ronald DeHaven 810 _at (_____ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

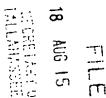
Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROMD FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY ...

(Pursuant to 605.0216, Florida Statutes)

| The name of the limited liability company as it appears on the records of of State is: Everlast Renovating & Restoration Services, LLC | the Florida Department |
|---|------------------------|
| 2. The Florida document/registration number assigned to this limited liabilit M0600003067 | y company is: |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign Braydin DeHaven 4. 1. (Print Name of Person Resigning) | |
| Officer (Print Title) | |
| of this limited liability company and affirm the limited liability company heresignation in writing. Signature of Dissociating Member or Resigning Manager | as been notified of my |

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: