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SECRETARY OF STATE
ANAMASSEE, FLORIDA

JAN 0 5 2016 S. YOUNG

COVER LETTER

	tion Section of Corporations			
Ro	ofing Supply Group Orla	ando, LLC		
SUBJECT:	(Name of For	eign Limited Liability C	Company)	
Dear Sir or Mada	m:			
) for films		
The effetosed with	ndrawal and fee(s) are submitted	i for fittig.		
Please return all c	correspondence concerning this	matter to the following:		
	(Name of Person)			
	(Firm/Company)			
	(Time company)			
	(Address)			SE SE
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	(City/State and Zip Cod	e)		Property of the Property of th
For firther inform	nation Concerning this matter, p	lease call:		ECE STATE
		*		碧雪 0
		at ()	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
	T/COURIER ADDRESS:	MAILING ADDRESS: Registration Section		
Registration Section Registration Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Ex	ecutive Center Circle see, Florida 32301	Tallah	assee, Florida 32314	
Enclosed is a che	eck for the following amount:			
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☑ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE :

934959

AUTHORIZATION

COST LIMIT

ORDER DATE : December 29, 2015

9:25 AM ORDER TIME :

ORDER NO. : 934959-065

CUSTOMER NO:

4304512

FOREIGN FILINGS

NAME:

ROOFING SUPPLY GROUP ORLANDO,

LLC

CORPORATE

LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY PLAIN STAMPED COPY __ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rooling Supply Group Orlando, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
08/07/2006	
(Date registered with Florida Department of State)	
M0600004356	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
Puro D Cooper	FILE
(Signature of authorized representative)	: 🗆
/ L'	5
(Typed or printed name of signee)	

Filing Fee: \$25.00