M19000009360

(Re	equestor's Name)	·
(Ác	ddress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	



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Disspesion Mm

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: (Name of Limited I	RAFTSMEN LLC Liability Company)
The enclosed member, resignation or dissociation	and fec(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
MARY QUIND (Contact Person)	
Quality CRAHS NEW.	LLC
209 Powers Ferre	1 Rd.5E
MARIZHA, GA 300 (2) (City/State and Zip Code)	,)
For further information concerning this matter, p	lease call:
(Name of Contact Person) at (404) 483-2445 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐	Florida Department of State for: \$55 Filing 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 810

Tallahassee, FL 32303



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)

	limited liability company as it a		Florida Department
of State is:	Quality CRAHSM	en, LLC	
2. The Florida docu	ment/registration number assign	ned to this limited liability co	ompany is:
M190	500009360		
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is:	2/10/2020
4. I. Jun (Print N	ELDREDGE ame of Person Resigning)	_, hereby withdraw/resign as	S a
\mathcal{N}	ANAGER.		
1	(Print Title)		
of this limited lial resignation in wr	pility company and affirm the ling	nited liability company has b	peen notified of my
resignation in wi	ting.		
Shi c	Elelenh		
Signature of Di	ssociating Member or Resigning	y Manager	202
			2020 FEB
Filing Fee:	\$25.00 (Required)		EB "
Certified Copy:	\$30.00 (Optional)		-8
			-D 11