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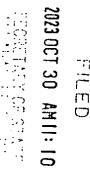
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
1 DEMINIS				
NOV - 3 2023				
				

Office Use Only



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COVER LETTER

TO:	_	stration Section		
	Divis	ion of Corporations		
SUBJE	ECT:	Don Duchess Roofing Systems,		
		(Name of Lir	nited Liability Co	mpany)
The end	closed	l member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please 1	return	all correspondence concerning	this matter to:	
Brandon	Byrd			
		(Contact Person)		_
		(Firm/Company)	<u> </u>	
1440 No	rmand	y Blvd.		
		(Address)		_
Holiday,	FL 34	691		
		(City/State and Zip Code)		_
For furt	ther in	nformation concerning this mat	ter, please call:	
Donald I	Duches	ss	727 at (447-6767
	(N	ame of Contact Person)	(Area Code) e & Daytime Telephone Number)
Enclose	ed ple	ase find a check made payable	to the Florida l	Department of State for:
= \$25	Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
		ng Address: stration Section		Street Address: Registration Section
	-	ion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Tallal	hassee, FL 32314		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)

	Elimited liability company as it appears on the records of the Florida Department Duchess Roofing Systems, Inc.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
P02000054273	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Brandon Byrd	hereby withdraw/resign as a
(Print)	, hereby withdraw/resign as a same of Person Resigning)
Vice President	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
G	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)