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(Requi	estor's Name))		
(Addre	ess)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fili	ng Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SAFE AND SOURN BUILDING SYSTEMS, LLC (Name of Corporation)
DOCUMENT NUMBER: <u>P07000 101141</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RODNEY D. WADE (Name of Person)
(Name of Person)
(Name of Firm/Company)
POBOX 848 (Address)
(Address)
CHERAM & 30644 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RONAT WAOE at (350) 949 3785 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	RODNE	y D. WADE	, hereby resign as VICE PRESIDENT	
<i></i>			(Title)	
of	SAFE	AND SOUN	in BUILDING SYSTEMS, INC.	
(Name of Corporation)				
P	07000		, a corporation organized under the laws of the State of	
	(Document N	lumber, if known)		
	FLORID	Ą		

(Signature of resigning officer/director)

CRETARY OF STATEM, ION OF CORPORATION

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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