

P14000001749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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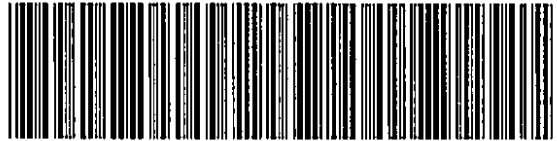
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RYMAN COMMERCIAL ROOFING, INC.
(Name of Corporation)

DOCUMENT NUMBER: P14000001749

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN L. RYMAN

(Name of Person)

(Name of Firm/Company)

36413 State Rd. 54

(Address)

Zephyrhills, FL 33541

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN L. RYMAN

(Name of Person)

at **(813) 782-0825**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

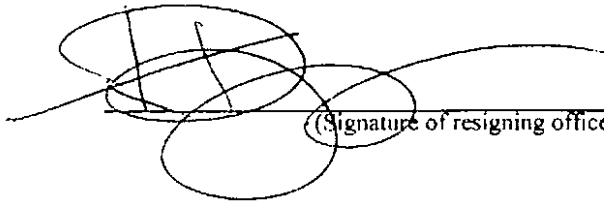
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KEVIN L. RYMAN, hereby resign as OFFICER/DIRECTOR
(Title)

of RYMAN COMMERCIAL ROOFING, INC.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail

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

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TALLAHASSEE, FLORIDA

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