## P.16000099360

(Re	equestor's Name)	<del></del>			
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AUG 0 8 2018

## TRANSMITTAL LETTER

SUBJECT: ROOFING ASSOCIATES INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: <i>P16000099360</i>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DANIEL DENAULT (Name of Person)
ROOFING ASSOCIATES INC (Name of Firm/Company)
2750 TAYLOR AVE STE A27 (Address)
ORLANDO, FL. 32806 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (407) 800-2464- (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

TO:

Amendment Section Division of Corporations



July 17, 2018

ROBERT E. MARSCH ROOFING ASSOCIATES INC 2750 TAYLOR AVE - ATE. A27 ORLANDO, FL 32806

SUBJECT: ROOFING ASSOCIATES, INC.

Ref. Number: P16000099360

We have received your document for ROOFING ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

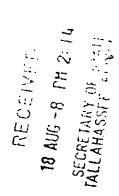
The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 218A00014673



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	CARLOS	ARAUTO	, hereby resign as	SECRETI (T	4n. /		
of <u>_</u>	Roofin	NG ASSOCII (Name of C	A-TES INC. Corporation)	200			.•
<i>J</i> -	7/4000099 (Document Numb	ber, if known)	a corporation organized unc	ler the laws of the	: State c	of	
	FLORIA	<i>A-</i>					
	(-	(Sign	nature of resigning office/director	or)			
			,		SECNE IA	2013 AUG -8	<b>T</b>
		FiL	ING FEE IS \$35.00		RY 3r S		アートロリ
	Make	checks payable to l	Florida Department of St	ate and mail to:	FLORIDA	PM 4: 36	~

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