



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/05/2020	202003101592	Fictitious Name/Cancellation (NFX)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

AMER CUNNINGHAM CO. L.P.A.
ONE CASCADE PLAZA
SUITE 1510
AKRON, OH 44308

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4140723

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PREFERRED COMMERCIAL ROOFING

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

Fictitious Name/Cancellation

202003101592

Effective Date: 02/01/2020



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
5th day of February, A.D. 2020.

Ohio Secretary of State

Form 524A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Trade Name or Fictitious Name Registration Update****Filing Fee: \$25****Form Must Be Typed**

- | | |
|--|---|
| ☐ (1) Assignment of Registered Name
(116-RNA) | ☐ (2) Change of Nature of Business
(999-GEN) |
| ☐ (3) Change of Address for Registrant
(176-RNB) | ☒ (4) Cancellation of Registration
(184-RNX) |
| ☐ (5) Change of Partners of Registrant, if Registrant is a General Partnership
(999-GEN) | |

Trade Name or Fictitious Name	PREFERRED COMMERCIAL ROOFING
Registration Number	4140723
Name of Current Registrant	MIDWEST RESTORATION GROUP INC.

Complete the information in this section if box (1) is checked above

New Registrant's Name			
New Registrant's Charter/Registration/License Number in Ohio (if applicable)			
New Registrant's Address			
Mailing Address			
City		State	Ohio
ZIP Code			

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name**Address**

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

Complete the information in this section if box (2) is checked

The general nature of business conducted by the registrant:

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Complete the information in this section if box (3) is checked

Registrant's New Address

Mailing Address

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City

--

State

Ohio

ZIP Code

--

No additional information required if box (4) is checked above. Please sign form below.**Complete the information in this section if box (5) is checked**

New General Partner(s) names(s) and addresses

Name**Address**

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Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

MICHAEL MRKSICH

Signature

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By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

MICHAEL MRKSICH

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.