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TALLAHASSEE, FLORIO

T. CLINF JUL 28 2009

EXAMIN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Freeport Cabinetry & Millwork	<, LLC
(Name of Limited Liabili	ity Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
Robert W. Stanley	
(Contact Person)	
Freeport Cabinetry & Millwork, LLC	2009. SEC TALL
(Firm/Company)	AREI
2098 Co. Hwy 83A W.	2009 JUL 27 AM II: I
(Address)	P. A.
Freeport, FL 32439	AM II: 17 OF STATE EF, FLORID
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Sharon S. Stanley at (85	50 , 685-7739
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2001 Executive Center Chale	i ananassee, fiorida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it eport Cabinetry & Millw		e Florida Dep	artment	
	ility company was organized un		SECRETA TALLAHA!	2009 JUL 27	
3. The Florida docu L0400005	iment/registration number of th	is limited liability company	RY OF STAT SSEE. FLORI	27 AM II: 17	
4. I, Sharon S.	Stanley	, hereby resign as a Mai	nager [≌] ि	7	
(Print N	ame of Person Resigning)		(Print Title)		
of this limited lial resignation in wri	pility company and affirm the lating.	imited liability company has	s been notified	l of my	
- Shou	on S. Stand	lug_			
Signature of Resi	gning Member, Managing Mer	nber of Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				
certified copy.	φουίου (Optional)				