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(Requestor's Name)
(Address)
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(Business Entity Name)
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07 JUL 26 AM II: 13 SECRETARY OF STATE

COVER LETTER

Registration Section

Divisi	ion of Corporations	
SUBJECT:	CONCRETE TRANS	FORMATIONS LLC
	(Name of Lim	ited Liability Company)
The enclosed filing.	member, managing member or	manager resignation and fee(s) are submitted for
Please return	all correspondence concerning	this matter to:
NEFTA	ALI MARQUEZ	<u></u>
	(Contact Person)	
CONCE	RETE TRANSFORMAT	TIONS LLC
-	(Firm/Company)	
1042 37	TH STREET	
	(Address)	
ORLAN	DO, FLORIDA 32805	
	(City/State and Zip Code)	
For further in	formation concerning this matte	er, please call:
NEFTAL	I MARQUEZ	at (407) 648-9185
(Na	me of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed plea		o the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy
		Certified Copy
STREET/CO	URIER ADDRESS:	MAILING ADDRESS:
Registration S		Registration Section
Division of Co		Division of Corporations
Clifton Buildi		P.O. Box 6327
	ve Center Circle	Tallahassee, Florida 32314
Tallahassee, F	lorida 32301	

CR2E079 (5/06)



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 a		of the Flo	orida Depar	rtment	
2. This limited liabi STATE OF	lity company was organized un FLORIDA	der the laws of: 		SECRETA	OT JUL 26	
3. The Florida docu L04000069	ment/registration number of thi 258	s limited liability com	pany is:	SEE. FLOHIUM	JUL 26 AM II: 13	
4. I, EMMA R	MARQUEZ	_, hereby resign as a _	MGR	& ST	>	
(Print Name of Person Resigning)			(Pr	Print Title)		
resignation in writ	ility company and affirm the ling. R. Margue gning Member, Managing Mem		y has bee	n notified (of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					