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(Address)					
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S. HAWKES

SEP 2 1 2010

EXAMINER

COVER LETTER

_	tion Section of Corporations		
SUBJECT: K	R.BROBST BUILDER		mpany)
The enclosed me	·	•	nation and fee(s) are submitted for
Please return all	correspondence concerning the	nis matter to:	
KENNETH	BROBST		_
	(Contact Person)		
K.R.BROBS	ST BUILDER LLC		_
	(Firm/Company)		
PO BOX-80	88		_
	(Address)		
NORTH PO	RT FL 34290		_
	(City/State and Zip Code)		
For further infor	rmation concerning this matter	r, please call:	
KENNETH	BROBST	at (941	993-9327
(Name	e of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please	find a check made payable to \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
	RIER ADDRESS:		MAILING ADDRESS:
Registration Sec Division of Cor			Registration Section Division of Corporations
Clifton Building	3		P.O. Box 6327
2661 Executive			Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: K.R.BROBST BUILDER LL	_	of the Florida Department
2. This limited liability company was organized und FLORIDA	ler the laws of:	
3. The Florida document/registration number of this L06000026498	s limited liability com	pany is:
4. I, CHRISTOPHER MCCONNELL (Print Name of Person Resigning)	_, hereby resign as a	MEMBER (Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability compar	ny has been notified of my
Signature of Resigning Member, Managing Mem	her or Manager	
organical or resigning memors, managing mem	ooi oi ivialiagoi	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: