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SECKEIANY OF STATE
TAIL AHASSEE, FLORIDA

D. BRUCE

JUL 28 2008

EXAMINER

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: JD REGLAZES LLC  (Name of Limited Liability Con	nnany)
(Name of Elimied Elability Con	npany)
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JORGE DENNIS	
(Contact Person)	-
JD REGLAZES LLC	A S
(Firm/Company)	O8 JUI SECRE
101 ROOSEVEL PLACE	UL 25 CRETAGY LAHASSE
(Address)	677
MAITLAND FL 32751	AH IO: 52 OF STATE E. FLORID
(City/State and Zip Code)	DA 22
For further information concerning this matter, please call:	
JORGE DENNIS at 407	488-6142
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	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	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the FIREGLAZES LLC	orida De	epartn	nent
	lity company was organized under the laws of:	LLAHASSEE, FLO	8 JUL 25 KH IO: 52	Entered Control of the Control of th
3. The Florida docu L07000039	ment/registration number of this limited liability company is:  190	ORIDA	ਜ '\\ '\\	The second
4. I, DOLPHIN (Print No.		rint Title)		<del>_</del>
of this limited liab resignation in writ	ility company and affirm the limited liability company has been ing.	en notifi	ed of	my
Signature of Resig	gmng Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			