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(Requestor's Name)					
(Address)					
•					
(Address)					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL	-				
(Business Entity Name)	:				
(Document Number)					
·	•				
Certified Copies Certificates of Status	!				
Certificates of Status					
Special Instructions to Filing Officer:					
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C. LEWIS

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ		Duch LLC Liability Company)
	(Name of Limited	Liability Company)
The enfiling.	nclosed member, managing member or ma	anager resignation and fee(s) are submitted for
Please	return all correspondence concerning this	s matter to:
Nata	ılia Andrea Vanegas	
	(Contact Person)	
A Pe	rfect Remodeling Touch LLC	
	(Firm/Company)	
2571	SW Marshfield Ct	
	(Address)	
Port	Saint Lucie, FL 34953	
	(City/State and Zip Code)	
For fu	rther information concerning this matter,	please call:
Nata	ilia Andrea Vanegas at	561 317-8332
~	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
	ration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



2009 NOV -9 PM 8: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 erfect Remodeling To	• •	of the Florida Department
2. This limited liabil	lity company was organized	i under the laws of:	
3. The Florida documents	ment/registration number of 098	f this limited liability con	npany is:
4. I, Liliana Mar	ia Vanegas me of Person Resigning)	, hereby resign as a	Managing Member
of this limited liab resignation in writ	ility company and affirm thing.	e limited liability compar	ny has been notified of my
Signature of Resig	gning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Required)		