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SECRETARY OF STATE BIVISION OF CORPORATIONS

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COVER LETTER

SUBJECT: Classic Touch Home builders LL (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Geralds Classelotts (Contact Person) 4761-6 Rayou Blud (Address) Pensacola Fl 32503 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (85D) 475 8552 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida/Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassec. Florida 32314	TO: Registration Section Division of Corporations	
Flease return all correspondence concerning this matter to: Geralds Cherneloff (Contact Person) G+G Bulding Contractors Tine (Firm/Company) 4761-6 Bayou Blud (Address) Pensacola F1 32503 (City/State and Zip Code) For further information concerning this matter, please call: Gerald Cherneloff (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$355 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	SUBJECT: Classic Touch How (Name of Limited Liability Co	mebuilders LLC
Geralds Clarnekoff (Contact Person) G+G Bulding Contractors Inc (Firm/Company) 4761-6 Bayou Blud (Address) For further information concerning this matter, please call: Gerald Chernekoff at 850 475 8552 (Name of Contact Person) Enclosed please find a check made payable to the Floridad Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327		gnation and fee(s) are submitted for
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	Registration Section Division of Corporations	Registration Section Division of Corporations

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

1. The name of the of State is:	limited liability company as	it appears on the records of Homebor	of the Florida I	Departi	ment
	oility company was organized	l under the laws of:			
•	ument/registration number of	this limited liability comp	pany is:		
	SCherneko CC Jame of Person Resigning)	, hereby resign as a _	Mem (Print Titl	ber (e)	<u>-</u>
of this limited lia resignation in wr	bility company and affirm the	e limited liability compang	y has been noti	fied of	my
Signature of Res	igning Member Managing N	Icmber or Manager		07 NOV 20	SECRI
Filing Fec: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			/20 AM 9:	FILED ETARY OF STA LOF CORPORA