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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR - 9 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: SIGNSCENE LLC (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:
Steve Wolterman (Contact Person) (Firm/Company) [Fig. 32 [Firm/Company) [Fig. 32 [Fig. 32 [Firm/Company) [Firm/Company] [Firm/Company]
(Firm/Company)
1801 Oscar Croyell Rd Beechgrove TN 37018 (City/State and Zip Code)
Beechgrove TN 37018 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve Walternan at (6/5) 476-5541 (Name of Contact Person) (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 MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 SIGNSCENE (the Florida Department
2. This limited liab	ility company was organized un	der the laws of:	FILED AM 9: 45 AR-6 AM 9: 45 AHASSEE, FLORIC
	ument/registration number of thi	s limited liability compar	1. (-)(1)
_L 0 3000	0030670	_ '	₩.
4. I, Steve (Print N	Waltermyn Jame of Person Resigning)	_, hereby resign as a <u>C</u>	hief Manage /
resignation in wri	pility company and affirm the lin	nited liability company h	
Signature of Resi	gning Member, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		