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SECRETARY OF STATE
TALLAHASSEE, FLORIO

D. BRUCE
MAR 1 2 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alpha Omega Custom Buil	
The enclosed member, managing member or manafiling.	• , •
Please return all correspondence concerning this r	natter to:
Richard J Stracuzzi	
(Contact Person)	TALL
Alpha Omega Custom BuildingLLC	09 MAR 11 PM 2:31 SECRETARY OF STATE FALLAHASSEE, FLORID
(Firm/Company)	SSE SSE
412 Hanchey Drive	PM 2 E.FL
(Address)	2: 31 STATE LORID
Nokomis, Fl 34275	≯
(City/State and Zip Code)	
For further information concerning this matter, plants	ease call:
Richard J Stracuzzi at ((Name of Contact Person)	941 350-6478 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	,
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company as ha Omega Custom B	• •	f the Florida Department
2. This limited liab The State of	ility company was organized of Florida	under the laws of:	
	ument/registration number of	this limited liability compa	any is:
4. I, Anthony Mark Stracuzzi (Print Name of Person Resigning)		, hereby resign as a	nember (Print Title)
	bility company and affirm the	e limited liability company	•
Tey	ferin		
Signature of Resi	igning Member, Managing M	lember or Manager	09 7ALL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MAR II PI