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	(Req	uestor's Name)	
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	(City/	State/Zip/Phone	#)
	PICK-UP	WAIT	MAIL
	(Busi	ness Entity Nam	e)
	(Doct	ument Number)	
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THIS HALL BROWN BY A STREET

05 NOV 18 PH 12: 00
05 NOV 18 PH 12: 02
05 NOV 18 PH 12: 02

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Chambliss Masony (Name of Limited Liability Co	LLC ompany)			
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member or I	Manager and fee(s) are submi	itted for	filing.	
Please return all correspondence concerning this matter to the	following:			
Catherine Butler (Name of Person) Chambliss Masonry LLC (Firm/Company) 103 Chambliss Road (Address) Havana, FL 32333 (City/State and Zip Code) For further information concerning this matter, please call:		SECRETARY OF STAIL TALLAHASSEE, FLORIDA	05 NOV 18 PM 12: 02	TETE
Catherine Butter at (850) (Name of Person) (Area Coo	539-7125			
(Name of Person) (Area Coo	de & Daytime Telephone Nu	mber)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)

2661 Executive Center Circle

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Martin G Chambliss hereby resign as Manager		
of Chambliss Masonry LLC		 ,
(Limited Liability Company) a limited liability company organized under the laws of the State of Florida S	05	
and affirm that the limited liability company has been notified in writing of the resignation	5	
Bolby Chamblis man	PM 12:	
(Signature of Asigning manager, managing member or member)	20:	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314