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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRECISION REBUILD SERVICE, 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:
KEITH MYRICK
(Contact Person)
PRECISION REBUILD SERVICE, LLC (Firm/Company)
1112 ROBERTS STREET (Address)
ORMOND BEACH, FL 32174
(City/State and Zip Code)
For further information concerning this matter, please call:
LAUREN BAGGERSON at (386) 258-8789
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{ Filing Fee} \text{ S55 Filing Fee & Certified Copy}
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 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 ECISION REBUILD S		s of the Florida Department
	lity company was organized E OF FLORIDA	under the laws of:	
3. The Florida docu <u>L03000047</u>	ment/registration number of	this limited liability con	mpany is:
4. I, KEITH MYRICK (Print Name of Person Resigning)		, hereby resign as a	MANAGER (Print Title)
	oility company and affirm the	e limited liability compa	any has been notified of my
Huul n	Unid		
-	gning Member, Managing M	lember or Manager	10 SEP
_	\$25.00 (Required) \$30.00 (Optional)		SEP 27 PM RETARY OF S AHASSEE. FL