L03000048122

2005 APR 1	I ₁ P 12: 22
CECNE (7 : TALLAH 13) (Requestor's Name)	KY N CAME DES PLORION
(Address)	200070044332
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

COVER LETTER

FILED

ZOOB APR II P 12: 22
THELEAN ASSET FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Timmens Reafing L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lacry Timmens (Name of Person)	
Timmons Roofing L.L.C. (Firm/Company)	
(Firm/Company)	
1018 47+6 5+	
(Address)	
Acesy: //e, Fl 32578 (City/State and Zip Code)	

For further information concerning this matter, please call:

harry Timmons	at (850) 729-1687
(Name of Person)	(Area Code & Daytime Telephone Number)

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

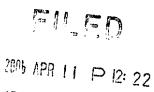
Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

TACLAS COSES, LORINA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, Devlin Ray Clampitt	, hereby resign as MGRM
,	(Title)
of Timmont Roofing (Limited Liab	4, 4, 6,
(Limited Liab	ility Company)
a limited liability company organized under the la	aws of the State of Floride
and affirm that the limited liability company has	been notified in writing of the resignation.
Person Ray (Signature of resigning manager	Clampitt

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

CR2E079 (8/05)