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SECRETARY OF STATE
ALL ANASSES FLORINA

K.SALY EXAMINER FEB 24 2012

COVER LETTER

TO: Registration Section Division of Corporations	,
	ows & Doors & Construction LLC
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
Rachel F Cheek	
(Contact Person)	
Mike & Larry's	·
(Firm/Company)	
207 E 11th St	·
(Address)	
Sanford FL 32771	• .
. (City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Rachel F Cheek	at (407) 4171534 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{	to the Florida Department of State for: \$55 Filing Fee &
	Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
1661 Executive Center Circle	Tahanassee, Fiorida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as e & Larry's Windows		
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida docu <u>L03000049</u>	ment/registration number of	this limited liability comp	any is:
4. I, Travis Det	rick	, hereby resign as a N	/IGRM
	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	e limited liability company	has been notified of my
Signature of Resi	Detruk. 2 gning Member, Managing M	///2 lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		