L030000 52919

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL.
(Busi	ness Entity Nam	ne)
(Досі	rment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
L03-520	119	



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Office Use Only

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Pavid Lanson, hereby resign as partoner		
of Meredith Custom Tile, uc		
(Limited Liability Company) a limited liability company organized under the laws of the State of		
and affirm that the limited liability company has been notified in writing of the resignation.		

(Signature of resigning manager, managing member or member)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314