# L03000054414

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	,Certificates o	f Status
Special Instructions to	Filing Officer:	
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SECTIETABY OF STATE

## **COVER LETTER**

Registration Section

TO:

Division of Corporations		
SUBJECT: ADVANCED REMODELING, LLC (Name of Limited Liability Com	pany)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Ma	anager and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the fo	silowing:	
CAMERON C. DUNLAP (Name of Person)	_	
ADVANCED REMODELING, LLC (Firm/Company)	SECR:	00
P.O. BOX 2205 (Address)	ASSEE. FI	
EAGLE LAKE, FL 33839	ORIDA	
(City/State and Zip Code)  For further information concerning this matter, please call:		
LISA E. DUNLAP at ( 863	287-8645	
	& 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 \$\infty\$\$\$ \$CR2E079 (8/05)	S55 Filing Fee & Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SERGIO MADRID	, hereby resign as	MGRM	
		(Title)	
of ADVANCED REMODELING, LLC			
(Limited Liabili	ity Company)		
a limited liability company organized under the laws of the State of FLORIDA			
and affirm that the limited liability company has be	een notified in writing	SECHETARY C	
(Signature of resigning manager,	managing member or	member)	

#### 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