(Requestor's Name)			
(requesters realing)			
(Address)			
(13.12.2)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
AUG - 8 2008			
EXAMINER			

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COVER LETTER

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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Custom Enterprises LLC. (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:	
John Easton (Name of Person)	
(Firm/Company)	
23/7 S. Jefferson (Address)	·
Monticello, FL. 32344 (City/State and Zip Code)	· `
For further information concerning this matter, please call:	
John Easton at (850) 228-1 (Name of Person) (Area Code & Daytime Tele	250 phone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Florida 72301	ction porations
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Cop}\$	v
CR2E079 (8/05)	,



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	John Easton	_, hereby resign as _	Marm		
	•		(Title)		
of_	Custom Enterprises (Limited Liability				
(Limited Liability Company)					
a limited liability company organized under the laws of the State of Florida					
·					
and affirm that the limited liability company has been notified in writing of the resignation.					
Juk.					
(Ignature of resigning manager, managing member or member)					

Doc. # L04000007836

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

SECRETARY OF STATE

CR2E079 (8/05)