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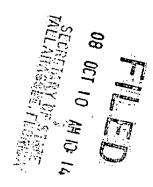
(Re	questor's Name)	_
(Ad	dress)	,
	-	w.,
(Ad	dress)	
	,	
(Cit	y/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
•	_	
Special Instructions to	Filing Officer:	





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10/10/08--01008--014 **25.00



AND,

COVER LETTER

Division of Corporations	
SUBJECT: Complete Drywall, LLC	,
(Name of Limit	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning to	this matter to:
Hector Rangel	
(Contact Person)	
Complete Drywall, LLC	7AEL
(Firm/Company)	VILLY SCILLY 130
3142 Cork Rd	28.50 28.50 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
(Address)	
Plant City FL 33565	OCT 10 M ID I
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Hecror Rangel	at (863) 255-4868
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a mplete Drywall, LLC	ppears on the records	of the Fl	orida I	epart	ment
This limited liability company was organized ur Florida		der the laws of:		TAPLAN	08 OCT	
3. The Florida doc <u>L0400001</u> ;	ument/registration number of this	s limited liability con	npany is:		0 ₩ 01	
4. I, Janice Tay	ylor	_, hereby resign as a	Mbmr	303	<u>.</u>	
of this limited lia resignation in wr	bility company and affirm the liriting. iting. igning Member, Managing Mem	nited liability compar	(P	<i>rint Titl</i> en noti	_	f my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					