

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500249991665

07/22/13--01022--031 **25.00

13 JUL 22 PH 2: 49

JUL 2 A 2013 O. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: MUENUM FI	OORZ, UC ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
DEFANNA L. HALL (Contact Person)	
MILLENIUM FLOORZ, (Firm/Company)	<u>uc</u>
501 WINTHROP ST. (Address)	
FOOTWALTON BEACH, FL 37 (City/State and Zip Code)	2547
For further information concerning this matter, ple	ase call:
(Name of Contact Person) at (A	350 554-4150 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l \$25 Filing Fee	Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee &}\$\$ Certified Copy
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin	nited liability company	as it appears	on the records	of the Florida	Depart	timent :
of State is:	MUENIUM	FLOOR	27, UC	· 	*	2
2. This limited liabilit	ty company was organiz	zed under the	laws of:		LandA	5. to
3. The Florida docum	ent/registration number	of this limite	d liability com	pany is:	s\A/a	1112
4. I, DEEANN (Print Nam	AA L. HAL ne of Person Resigning)	, here	by resign as a _	(Print T	itle)	SER
of this limited liabil resignation in writing	ity company and affirm ng.	the limited li	ability compan	y has been no	ified o	of my
Signature of Resign	ning Member, Managing	Member or I	Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					