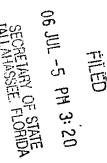
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	¥)
PICK-UP	☐ WAIT	MAIL
, (Ru	siness Entity Name	<i></i>
(bu	siness Emily Name	,
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to I	Filing Officer:	
		nly
	Office Use Only	



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COVER LETTER

TO: Registration Section Division of Corporations		
	ALL HANGERS LLC nited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for	filing.
Please return all correspondence concerning this	matter to the following:	
Israel Carrillo		06 JUL SECT
(Name of Person)		PILED 06 JUL -5 PM 3: 20 SECRETARISE OF STATE FALLANASSEE FLORID
(Firm/Company)		3: 20 STATE
215 W. Carver Street		Su.
(Address)		
Lakeland, FL 33809 (City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Israel Carrillo (Name of Person)	at (863) 698-2783 (Area Code & 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:		
	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, J. Guadalupe Carrillo Jr.	_, hereby resign as Managing member (Title)		
ofI & G Drywall F	langers LLC,		
(Limited Liabili	ty Company) AAC JU		
a limited liability company organized under the lav	vs of the State of Florida 宝哥 日		
and affirm that the limited liability company has been notified in writing of the resignation.			
•	3: 2: FLORE		
- Curcoda kar Cam	Olla Olla		
(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