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SECRETARY OF STATE FALLAHASSEE, FLORIUA

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COVER LETTER

Division of Corporations				
SUBJECT: Creative ROOM DESIGNS, LLC (Name of Limited Liability Company)				
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submit	ted for		
Please return all correspondence concerning this matter to	:			
Kim Carpenter (Contact Person)	_			
Creative Room Designs, UC	_	T ₂ 2		
17282 Whitewater Ct.	_	007 DEC 26 SECRETARY		
FA. Myers Beach, FL 33931 (City/State and Zip Code)	_	26 AM IO: 5: ARY OF STATE SSEE, FLORID		
For further information concerning this matter, please call	;	53 53		
(Name of Contact Person) at (239) (Area Code) 272-4782 e & Daytime Telephone Numbe	er)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 appears on the records of the Designs, UC	ne Florida Department
	ility company was organized	d under the laws of:	
	ument/registration number o	f this limited liability company	/ is:
	Tame of Person Resigning)	, hereby resign as a	(1.111.111.111.111.111.111.111.111.111.
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	ne limited liability company ha	s been notified of my
Signature of Resi	gning Member, Managing N	Member or Manager	2007 DEC 21 SECRETAR TALLAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		6 AHIO: 5