104000044069

	Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Pavers (Liability Company)
(name of Limited	спартну Сотрану)
The enclosed member, managing member or ma filing.	nnager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
TODD MAGARGER (Contact Person)	(467.645.5777)
AMERICAN PAVERS LLL (Firm/Company)	······
1807 E. Winter Park Romo	
Orlando, F. 32803 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
Graham White at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
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
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

1. The name of the of State is:	limited liability company a American Pavers LU	s it appears on the records	of the Florida Department
2. This limited liab	ility company was organize	d under the laws of:	
<u> </u>	ORIDA	·	
_	ument/registration number o	of this limited liability com	pany is:
4. I, Thom (Print A	as M. Johnson Jame of Person Resigning)	, hereby resign as a _	Manager (Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compan	y has been notified of my
	u. h. John		
Signature of Res	igning Member, Managing !	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O7 AU

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