

L040000049195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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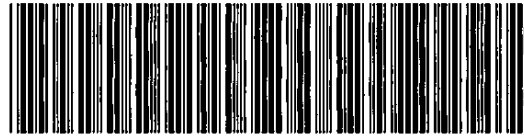
(Business Entity Name)

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L04-49195
AK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHOENIX RESTORATIONS LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew R King

(Name of Person)

PHOENIX RESTORATIONS LLC

(Firm/Company)

104 Sea Fox Road

(Address)

Saint Augustine FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew R King

(Name of Person)

at (904) 377-2705

(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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Andrew R King, hereby resign as MGRM
(Title)

of PHOENIX RESTORATIONS LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

[Signature]
(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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