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SECTION OF STATE
SECTION ANASSEE, FLORIDA

COVER LETTER

for

TO: Registration Section Division of Corporations	
SUBJECT: GOETZ CABINETS (Name of Limited)	L S AND COUNTERTOPS LLC Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted
Please return all correspondence concerning this	matter to:
KEUIN GOETZELMAN	
(Contact Person)	
(Firm/Company)	
1646 N. Gilberet &	8T.
(Address)	
City/State and Zin Code)	
For further information concerning this matter, p	lease call:
Name of Contact Person) at (217,304-366/
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FILED 07 MAY 14 PM 2: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is: GOETE CABINETS + COUNTER TOPS UC.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, KEUIN W. GOETZELMAN, hereby resign as a MEMBER MCK (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Ben W. Grethan 5/07/07
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)