

	(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
	(Address)	
<u> </u>	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		11/18
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11/48/05-01010-015 **110.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Matrix Capital Builders, LL	_C mited Liability Con	mpany)		
Dear Sir or Madam:				
The enclosed Resignation of Member, Managin	g Member or M	lanager and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this	s matter to the f	following:		
Richard Zinnecker			₹0	99
(Name of Person)	- · · · · · · · · · · · · · · · · · · ·	-	ESK ESK ESK	- NO.
Matrix Capital Builders, LLC		_	ASSE ASSE	05 NOV -8 PM 12: 47
(Firm/Company)			Y of Stat See. Floric	P X
424 Wards Corner Road, Suite 210)		STATE	÷.
(Address)			>	
Loveland, Ohio 45140				
(City/State and Zip Code)		_		
For further information concerning this matter, p	please call:			
Richard Zinnecker	at (513	248-1728		
(Name of Person)	(Area Cod	e & Daytime Telephone Numbe	er)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, 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			
TD 1E070 (0/05)		• •		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Richard Zinnecker	, hereby resign as Manager			
	(Title)			
of Matrix Capital Builders, LLC				
(Limited Liabilio	ty Company) A C C C C C C C C C C C C C C C C C C			
a limited liability company organized under the law	vs of the State of Tiorida			
and affirm that the limited liability company has been notified in writing of the resignation.				
later	CORIDA LORIDA			
(Signature of resigning manager, n	nanaging 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