## L04000080667

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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DEPARTMENT OF STATE
DIVISION OF CORPORATION

B. KOHR
SEP 1 1 2008

EXAMINER

08 SEP 11 PM 4:35 Schieffing pr STATE

## **COVER LETTER**

TO: Registration Section				
Division of Corporations				
SUBJECT: FINISHING TOUCH SERVICES, LLC				
(Name of Limited Liab	ility Company)			
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for			
Please return all correspondence concerning this ma	itter to:			
LASHERINY WORD	7,00			
(Contact Person)	08 SEP 11 PH 4: 35			
FINISHING TOUCH SERVICES, LLC	ASS.			
(Firm/Company)	TO F			
PO Box 180366	. 35			
(Address)	<b>*</b>			
TALLAHASSEE, FL 32318				
(City/State and Zip Code)	***************************************			
For further information concerning this matter, plea	se call:			
or (	•			
(Name of Contact Person) at (	ea Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the F  \$25 Filing Fee	lorida Department of State for:  \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	. aa.rabbeeg a rottaa Sass t			

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it SHING TOUCH SER\	• •	s of the Florida Department
	y company was organized un awful business	nder the laws of:	
3. The Florida docum L04000806	ent/registration number of th	is limited liability con	npany is:
4. I, ESTRADO E	BAGIAS e of Person Resigning)	, hereby resign as a	MANAGING MEMBER (Print Title)
of this limited liabil resignation in writin	ity company and affirm the l		•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		