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| (Requestor's Name) | | | |
| (Address) | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Dusiness Enuty Name) | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE
NITAHASSEF FLORID.



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Jennifer A McConnell | _, hereby resign a _ | MGR | |
|--|----------------------|---------|--|
| | | (Title) | |
| of Platinum Restoration 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. | | | |
| Dennih d | MC | Dense | |
| (Signature of resigning manager, managing 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