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(Re	questor's Name)	
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	(0) . (7) (5)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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	Office Use Only	



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TO:	Registration Section Division of Corpo					
SUBJ	ect: AC	Custom (Name of Lim	Wood ited Liability	Working Company)	LLC	
The er filing.	nclosed member, ma	inaging member or	manager re	esignation and fe	e(s) are submitted	l for
Please	return all correspon	ndence concerning	this matter	to:		ت
An	thony C	ERNA ntact Person)		<del></del>		SECHELLE SECRETARIES
AC	Custom	Woodwc	RKINC	j LLC,		SEE, FLOR
3 <u>01 i</u>	Washing	ton St				Đ <sub>m</sub>
min	neola, 7	L 347/9 ate and Zip Code)	<u> </u>			
For fu	rther information co	ncerning this matte	er, please ca	all:		
Intho	Name of Contact	UA t Person)	at ( <u>35                                    </u>	2 ) 34 / - ode & Daytime Te	7483 elephone Number)	
Enclos	sed please find a cho \$25 Fili		o the Florid	a Department of \$55 Filing Fee Certified C	<b>&amp;</b>	
Regist Divisio	ET/COURIER AD ration Section of Corporations	DRESS:		MAILING A Registration Division of 0	Section Corporations	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 lir	nited liability company as CUS+UM W	it appears on the records	of the Florida Department
	y company was organized	3	THAIR I C
·	ent/registration number of	this limited liability com	pany is:
4.1, Maria (Print Nam	CEVAC e of Person Resigning)	, hereby resign as a	MANAGLY (Print Pitle)
of this limited liabilities resignation in writing	ity company and affirm theng.	e limited liability compan	y has been notified of my
Manà	Cerre		
Signature of Resign	ing Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)