L05000005298

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
	15.	- (A)
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D.)	ain and Entitle Name	
(ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

RA Resign 5/4/07

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

WEEEE MORK BUILDEDO LLO				
SUBJECT: WEEEE WORK BUILDERS, LLC (Name of Limited Liability Company)				
DOCUMENT NUMBER: L05000005298				
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mary Jo Spalinger (Name of Person)				
Business Filings Incorporated				
(Name of Firm/Company)				
8025 Excelsior Drive, Ste. 200				
(Address)				
Madison, WI 53717				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
same at (608) 827-5300 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399				

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
Business Filings Incorporated		, hereby resigns as	
(Name of Registered Agent)		, nereey resigns as	
Registered Agent for	WEEEE WORK BUILDERS, LLC		-
	(Name of Limited Liability Company)		_>
L05000005298			
(Document Nu	imber, if known)		
A copy of this resigna	tion was mailed to the above listed limited liab	vility company at its last known address.	,
The agency is termina	ted and the office discontinued on the 31st day	after the date on which this statement i	s filed
	Mary Spaling (Signature of Resigning Agent)	ger	
If signing on behalf of	an entity:	ĀS O	
	Mary Jo Spalinger	ECR LLS	azzapati.
	(Typed or Printed Name) Asst. Sec. of Business Filings Inco	APR 30 CRETAR CRETAR orporated	Section 1
	(Capacity)	PM 4: 25 Y OF STATE EE, FLORID!	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314