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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	A. LU	NT
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: BURNHAM PAVING + Striping 2LC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:	
KENNETH EARC BURNLAM (Contact Person)	
BURNHAM PAVING And Striping 22C (Firm/Company)	
15929 Hwy 81	
For further information concerning this matter, please call: KENNETH E-BURNHAM at (850) 307-4844 (Name of Contact Person) (Area Code & Daytime Telephone Number)	J
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy.	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
chapago (sinks) 11 11 111	

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability comp Burnham P			1170	20
2. This limited liab	ility company was or	ganized under the la	ws of:		IDMAR 18 PM 2:
	ument/registration num 10000005 73		liability company is	STATE ORIDA 	5 , 5,
4. I, Archie (Print N	Gene Burnhan Jame of Person Resigning,	hereby	resign as a Mg	EMBER Print Title)	
of this limited lia resignation in wi	bility company and af iting.	firm the limited liab	oility company has b	een notified	of my
Orchie Signature of Res	Gene Bumbigning Member, Mana		anager		
			C		
_	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				