L65000016928

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	#)		
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Special Instructions to	Filing Officer:			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2007

LELAND SLAVEN JR. 322 SALVIA COURT BRADENTON, FL 34212

SUBJECT: GUTTERART, L.L.C. Ref. Number: L05000016928

We have received your document for GUTTERART, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 107A00056830

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GUTTERART, L (Name of Limited)	Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Leland Slaven Jr. (Contact Person)	2001 E SECR TALLA
Gutter LLC (Firm/Company)	DEC -6 P
322 Salvia Court	F STATE FLORIDA
Bradenton, FL 342 (City/State and Zip Code)	212
For further information concerning this matter,	please call:
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

Leland Slaven, Jr. GutterArt, LLC 322 Salvia Court Bradenton, FL 34212

November 10, 2007

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom It Concerns:

Upon originally sending the form for resignation of member of my LLC, \$\frac{25}{25}5.00\ \text{check} \text{ check} \text{ was sent to your office. Your office is holding that for filing purposes upon returning receipt. According to the forms I am returning, a \$25.00\ \text{filing fee was required. Please refund the \$10.00\ \text{ overpayment.}

Regards,

Leland Slaven, Jr.

President

GutterArt, LLC

941-780-4728

LeewithECU@cs.com



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	limited liability company as it apparents of the company and the company as it apparents of the company and the company as it apparents of the company and the company as it apparents of the company and the company as it apparents of the company and the company as it apparents of the company and the company as it apparents of the company and the company as it apparents of the company as it apparents o	pears on the records of the Flo	orida Department
2. This limited liab	ility company was organized unde	er the laws of:	2001 DEC
3. The Florida docu	nment/registration number of this	Ilmited liability company	
4. I, DAVID (Print No.	L BARWGROVER	, hereby resign as a $\frac{\sqrt{1}}{\sqrt{P_1}}$	PRESIDENT rini Tille)
of this limited liab resignation in wri	oility company and affirm the limi	ited liability company has bee	en notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•	