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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2006 FEB 17 A 10: 56

TO: Registration Section Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: EUROPEAN GONE FABRICATORS, LVC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDO LASTRA
(Name of Person)

EUROPEAN STONE FABRICATORS, LUC
(Firm/Company)

1900 NW 95 AVE
(Address)

MIAMI, FL. 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

ALW LASTRA at (305) 885-5860
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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2006 FEB 17 A 10: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, KARLO REYES , hereby resign as MANAGER / MEMBER
of EUROPEAN STONE FABRICATORS, LLC, (Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.

(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