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(Requestor's Name)		
(Address)		
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(in the second		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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06 JUL -5 PM 2: 20
SECRETARY OF STATE
SHARK OF STATE



TO: Registration Section Division of Corporations	
SUBJECT: Signature Building Inspecti	ons LLC ited 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:
Virginia Castro	
(Name of Person)	
Signature Building Inspections LLC	
(Firm/Company)	
11581 SW 84 Avenue Road	
(Address)	
Ocala, Florida 34481	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Virginia Castro	at (352) 237-6073
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
₹ \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Cynthia D Jones	, hereby resign as Managing Member	
	(Title)	
of Signature Building Inspections LLC		
(Limited Liability Company)		
a limited liability company organized under the laws of the State of Florida		
and affirm that the limited liability company has been notified in writing of the resignation.		
(Signature of resigning manager, managing member or member)		
Green and the contract of the signing manager, m	anaging incinioer or inember)	

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

ECRETARY OF STATE