## 05000036434

(Requestor's Name)  (Address)  (Address)  (Address)  (Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Address)  NOPKS, FL 3117 (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		
(Address)  NOPKS, FL 34117 (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		
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Special instructions to Filling Officer:    S[15]		
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TALLAHASSEE FLORIDA

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## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. MARK PRISELAC	_, hereby resign as _	MEMBER (Title)
of R.P.M. MASONRY	ty Company)	
a limited liability company organized under the lav		
and affirm that the limited liability company has been notified in writing of the resignation.		
Mach Pus	ilac	

(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

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