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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DS ELECTRICAL CONTRACTORS (Name of Limited Liability Comp	
The enclosed member, managing member or manager resign filing.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
DAVID A. SATCHELL Se (Contact Person)	
(Firm/Company)	
19750 SW 134th COURT	
Miami, Florida 33177 (City/State and Zip Code)	
For further information concerning this matter, please call:	
DAVID SATCHELL SR at (305) (Name of Contact Person) (Area Code &	345-9499: 786-487-1260 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$55	5 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
• • • • • • • • • • • • • • • • • • •	Registration Section
	Division of Corporations
	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	• •	ecords of the Florida	Department
of State is: <u>U</u>	s Electrical Cor	MUCIONO, LL		·
2. This limited liab	ility company was organiz	zed under the laws of:	÷ (
3. The Florida docu L050	ument/registration number	r of this limited liabili	ty company is:	
4.1, DAVID	SATCHELL ame of Person Resigning)	, hereby resig	n as a Mana (Print Ti	Je P/RESIDEN
of this limited lial resignation in wr	pility company and affirm ting.	the limited liability of	ompany has been no	tified of my
Allettita	lx .02.04.08.			
Signature of Resi	gning Member, Managing	g Member or Manage	r	_ D
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SECRETARY IVISION OF CO
				ED ST OF ST ED PROOF