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B. Tadlock APR 29 2008



COVER LETTER

Division of Corporations	
SUBJECT: SLP CABINGT (Name of Limited I	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MARK J. LUTSCH (Contact Person)	
6LP CABINET INSTALLS (Firm/Company)	ATIONS LLC
2131 NW 50th AVE	
OCALA, FL. 3448 2 (City/State and Zip Code)	2
For further information concerning this matter, p	lease call:
MARK J. LUTSCH at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
EGG, Shoullte Celler Cher	

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OIVISION OF CORPORATION

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

	the limited liability compa			_
2. This limited li	iability company was orga ひみ	nnized under the law	s of:	
	ocument/registration num	ber of this limited lia	ability company is:	
4. I, <u>CHAR</u> (Prin	LES CHANDLE nt Name of Person Resigning)	, hereby r	esign as a	int Title)
of this limited resignation in	liability company and affi writing.	rm the limited liabil	ity company has bee	n notified of my
Signature of R	Lesigning Member, Manag	ing Member or Man	ager	
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)