## L05000060746

• .			
(Requestor's Name)			
(Address)			
(Address)			
( idanota)			
(0) (0) (7)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500141381485

. XXIII

01/20/09--01013--019 \*\*25.00

FILED

2009 JAN 20 AM 10: 50

C. LEWIS

JAN 2 1 2009

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: SHOPWORKS,LLC	
(Name of Limited Liability C	ompany)
The enclosed member, managing member or manager res filing.	• •
Please return all correspondence concerning this matter to	<b>:</b>
ALLAN SERCHAY	
(Contact Person)	
ALLAN SERCHAY C. P. A.	
(Firm/Сотралу)	_
5300 N W 33 AVENUE STE 117	
(Address)	_
FT. LAUDERDALE, FL 33309	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please call	:
ALLAN SERCHAY at 954	
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (5/06)	Tallahassee, Florida 32314



FILED

2009 JAN 20 AM 10: 56

SEENETARY OF STATE FALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it as OPWORKS, LLC	opears on the records of the Florida Department
2. This limited liab	oility company was organized und	ler the laws of: 
3. The Florida doct	ument/registration number of this	: limited liability company is:
4. I, EXTREME CO	OUNTER-TOP DESIGNS, INC.	, hereby resign as a MEMBER (Print Title)
	bility company and affirm the lin	nited liability company has been notified of my
Signature of Resi	igning Member, Managing Mem	per or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	