L05000661495

(Re	questor's Name)	
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T. HAMPTON

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NO#

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	m moules
SUBJECT: Colonial Buildows. LL	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning to	his matter to:
Denis K. Solano	
(Contact Person)	
Colonial Builders. LLC.	
(Firm/Company)	· ·
7500 NW 25th St. #205	·
(Address)	
Miami, FL. 33122	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Denis K. Golano	, 205 , 702 0201
(Name of Contact Person)	at (305) 592 - 939 6 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	TOTAL NEW TO LICE AND A COLUMN
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
and the second s	
CR2E079 (5/06)	



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11 NOV 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 1, 2011

DENIS K SOLANO 7500 NW 25TH ST # 205 MIAMI, FL 33122

SUBJECT: COLONIAL BUILDERS, LLC

Ref. Number: L05000061495

We have received your document for COLONIAL BUILDERS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 111A00024868



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability comp	any as it appears on the records of the Florida Department
of State is: Colonial Builders	·LC.
2. This limited liability company was org	anized under the laws of:
3. The Florida document/registration num	iber of this limited liability company is:
4. I, Joyge I. HeWaD (Print Name of Person Resigning)	, hereby resign as a \(\lambda \)\(\lambda
of this limited liability company and affiresignation in writing.	irm the limited liability company has been notified of my
Signature of Resigning Member, Manag	ging Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Notary Public State of Florida
CR2E079 (5/06)	FILED 2011 NOV 10 PM 2: SECREDARY OF STATALLAHASSEE, FLOR