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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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TO: Registration Section	. '
Division of Corporations	
SUBJECT: Grieco-Coburn Service:	
(Name of Lin	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Nancy Grieco	
(Contact Person)	
Grieco-Coburn Services, LLC	
(Firm/Company)	
5475 NE St James Drive #167	<u></u>
(Address)	
Port St. Lucie, FL 34983	
(City/State and Zip Code)	
For further information concerning this matter	ter, please call:
Nancy Grieco	_at (772) 519-1567
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Department of State for:
\$25 Filing Fee	These pure page
<u>. </u>	Certified Copy
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 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

	mited liability company as i ECO - COBURN SEF	It appears on the records of the Florida Department RVICES, LLC
2. This limited liabili FLORIDA	ity company was organized	under the laws of:
	nent/registration number of	this limited liability company is:
4. I, JAY D COB	URN me of Person Resigning)	hereby resign as a MEMBER (Print Title)
	lity company and affirm the	limited itability company has been notified of my
1 C		
Signature of Resig	ning Member, Managing M	ember or Manager
	\$25.00 (Required) \$30.00 (Optional)	

CRZE079 (5/06)

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