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SECHLIANSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Superior Story (Name of Limit	ONE CARE AND RESTORATION ed Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing I	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this m	natter to the following:
LAWRENCE PRAVDICA (Name of Person)	
SUPERIOR STONE CARE AND (Firm/Company)	RESTURATION
107 N 24 ST. EAST (Address)	
BRADENTON FL. 34208 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, ple	ase call:
LAWRENCE PRAVDICA (Name of Person)	at (94/) 747 - 5/85 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
≤ \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

i, Lawrence	Q .			
I, Cawrence	Lavolica	, hereby resign as _	Manager	
of Superior	Stone Care a	na Restor	ation LLC	
of Superior Stone Case and Restoration LLC (Limited Liability Company)				
a limited liability company	organized under the la	ws of the State of	Florida	
and affirm that the limited				

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SECRETARY DESTA