# L0500007553

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
· (Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	ısiness Entity Nan	
L05-	- 75553 ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A. LU	INT
	JUN 1 9 2	. 8008
	EXAMII	VER

Office Use Only

1 2 P 2



700123028687

04/14/08--01022--015 \*\*25.00

2008 JUN 18 P 4: 25
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2008

SARAH SHEPPARD 3001 OLD ORCHARD LANE PARRISH, FL 34219

SUBJECT: ALTERNATIVE SURFACE DESIGNS, LLC

Ref. Number: L05000075553

We have received your document for ALTERNATIVE SURFACE DESIGNS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited

Please return your document, along with 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 308A00022654

U

# **COVER LETTER**

TO: Registration Section Division of Corporations			
•			
SUBJECT: ALTERNATIVE SURFA			
(Name of Limi	ted Liability Company)		
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted fo		
Please return all correspondence concerning	this matter to:		
SARAH SHEPPARD			
(Contact Person)	=======================================		
ALTERNATIVE SURFACE DESI	GN, LLC CRE		
(Firm/Company)	JW I		
3001 OLD ORCHARD LANE	SSEE. FE		
(Address)	TANGE.		
PARRISH, FL 34219	25 RIDA		
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
SARAH SHEPPARD	at ( 941 ) 526-6712		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to			
<b>√</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (5/06)



### PLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of	the limited liability company as it appears on the rec	ords of the Flo	rida De	quartment
of State is:	ALTERNATIVE SURFACE DESIGN, LL	<u>-C</u>		
	liability company was organized under the laws of: OF FLORIDA	SECRETAR ALLAHASS	81 NNF 8082	71
	document/registration number of this limited liability 075553	company of the compan	8 P 4: 2	
	ESA PANTER, hereby resign :	as a MEMB	വ	
JI	d Hability company and affirm the limited liability cor	• • •		
Signature i	Resigning Member, Managing Member or Manager			
Filing Fee:	\$25.00 (Required)			
Certified Cor	y: \$30.00 (Optional)			

APR-09-2008 06:34AM From: 254 734 3425

ID:A TAX SHELTER