## 105000090378

(Re	equestor's Name)		
(Ac	dress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	ısiness Entity Nam	ne)	
	•	:	
(Dc	cument Number)		
(= -	,		
Certified Conies	ed Copies Certificates of Status		
Octimed Copies	_ Certificates	Of Status	
<del></del>			
Special Instructions to	Filing Officer:		

Office Use Only



300114076213

01/11/08--01016--012 \*\*25.00



10000 6 6 1441

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Spurlock Roofing Co, LLC (Name of Limited Lia	bility Company)	_
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitte	d for
Please return all correspondence concerning this m	atter to:	
James M. Weaver		
(Contact Person)		. 08
Weaver & McClendon, PA		OB JAN 11
(Firn/Company)		
Post Office Box 466		E C
(Address)		SE SE
Lake Wales, FL 33859-0466		Q <sub>m</sub>
(City/State and Zip Code)		
For further information concerning this matter, plea	ase call:	
James M. Weaver	863 676-6000	_
(Name of Contact Person) (An	rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: 4	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 company as it ap of State is: Spurlock Roofing Co, LLC	ppears on the records	of the Florida D	epartment
This limited liability company was organized und Florida	der the laws of:		SECRE
3. The Florida document/registration number of this L05000090378	s limited liability con 	npany is:	ASSET FLOOR
4. I, Betty Spurlock	_, hereby resign as a	Manager	
(Print Name of Person Resigning)	_,	(Print Title	)
of this limited liability company and affirm the lin- resignation in writing  Signature of Resigning Member, Managing Member		ny has been notif	ied of my
Filing Fee: \$25.00 (Required)			
Certified Copy: \$30.00 (Optional)			
CR2E079 (5/06)			