

FILED
05 DEC 12 PM 12:46
SECTION OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2005

MELANIE HILL
MY HURRICANE SHUTTERS LLC
8122 LA JOLLA VISTA LANE
LAKE WORTH, FL 33467

SUBJECT: MY HURRICANE SHUTTERS LLC
Ref. Number: L05000092477

We have received your document for MY HURRICANE SHUTTERS LLC and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The forms you submitted were not LLC forms. Enclosed are the proper forms for your LLC.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 605A00068852

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY HURRICANE STUTTERS LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELANIE HILL
(Name of Person)

MY HURRICANE STUTTERS
(Firm/Company)

8102 LA JOLLA VISTA LANE
(Address)

LAKE WAH, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Hill
(Name of Person)

at (561) 384-3785
(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 &
Certified Copy

CR2E079 (8/05)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Daniel Mantiner, hereby resign as Managing Member
(Title)
of MY Hurricane Spikes LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of _____,

and affirm that the limited liability company has been notified in writing of the resignation.

[Signature]
(Signature of resigning manager, managing member or member)

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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