L05000102236

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Resign
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COVER LETTER

Division of Corporations		
SUBJECT: Equity Kitchens LLC	SEL CONTROL OF	
(Name	of Limited Liability Co	mpany)
Dear Sir or Madam:		
The enclosed Resignation of Member, Mana	aging Member or N	Manager and fee(s) are submitted for filin
Please return all correspondence concerning	this matter to the	following:
Ron Thomas		
(Name of Person)		-
Equity Kitchens LLC		
(Firm/Company)		
20 Cooper Rd		
(Address)		
Big Sandy TN 38221		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
Ron Thomas	at (850	210-7564
(Name of Person)		le & Daytime Telephone Number)
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327
Tallahassee, Florida 32301		Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:	
\$25 Filing Fee	7	\$55 Filing Fee &
CR2F079 (8/05)		Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Ron Thomas	, hereby resign as Manager/Member
	(Title)
of Equity Kitchens LLC	
	(Limited Liability Company)
a limited liability company organize	d under the laws of the State of Florida
and affirm that the limited liability c	ompany has been notified in writing of the resignation.
4	

(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