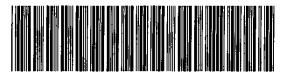
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(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: A + B Service (Name of Limite	S LLC d Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing M	fember or Manager and fee(s) are submitted for filing	
Please return all correspondence concerning this ma	, <b>2</b> 3	
Donald C. Rovell (Name of Person)		
R+B Services LLC (Firm/Company)		
2736 ANGUS CIR		
Malino - Fl 32577 (City/State and Zip Code)		
For further information concerning this matter, plea	se call:	
DONALD CRIMI a (Name of Person)	t ( <u>\$\$6</u> ) <u>\$87 5087</u> (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 &	
CDATIONA (A)A	Certified Copy	

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DONALD C ROWLL , hereby resign as MANAGING Momber (Title)
of R+B Services LLC (Limited Liability Company)
(Linited Liability Company)
a limited liability company organized under the laws of the State of Florida,
and affirm that the limited liability company has been notified in writing of the resignation.
(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