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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Distinctive G. (Name of Lin	Lass And Miyror mited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managin	ng Member or Manager and fee(s) are submitted for f	filing.
Please return all correspondence concerning this	s matter to the following:	
Robert C Wolf		
(Name of Person)		o Div
		SECRE ISIGN
(Firm/Company)		Y I I
1705 Gordon Drive (Address)	·	OF MAY 17 PH 2: 41
Naples, Florida 34/0 Z (City/State and Zip Code)	2	F 1000
For further information concerning this matter, 1	please call:	
Robert Wolf (Name of Person)	at (<u>239</u>) <u>289-9297</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:	:	
(P2F079 (8/05)	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Robert C. Wolf hereby resign as President (Title)	+	
of	Districtive Glass and Minor LLC		
	(Limited Liability Company)		
a limi	ited liability company organized under the laws of the State of Florido	 ,	•
and a	ffirm that the limited liability company has been notified in writing of the resignation.		
	(Signature of resigning manager, managing member or member)	06 MAY 17 PM 2: 41	SECRETARY OF STATE DIVISION OF CORPORATIONS

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