

LD5000109405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

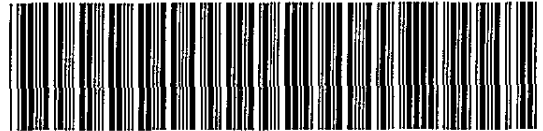
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900062490169

01/04/06 - 01/06/06 - 004 - \$25.00

FILED
06 JAN -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/06/06 JAN 6 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Counter Tops Specialist Industries, 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:

Gilberto Monasterios
(Name of Person)

Counter Tops Specialist Industries, LLC (Firm/Company) Document # LO 5000109405 (attached)

Box 2178
(Address)

Goldenrod, FL 32733-9998
(City/State and Zip Code)

For further information concerning this matter, please call:

Gilberto Monasterios at (407) 619-5776
(Name of Person) (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

check # 1317

☐ \$55 Filing Fee &

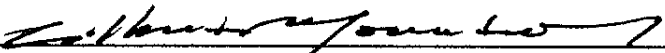
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Gilberto Monasterios, hereby resign as Manager
(Title)
of Counter Tops Specialist Industries, LLC,
(Limited 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)

FILED
06 JAN -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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