105000110801

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to Filing Officer:				
DB ∤				

Office Use Only



100105722291

07/11/07--01007--004 **25.00

O7 JUL 11 PM 12: 4:3
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Sorek Building System	m LLC
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
Hans Severin	
(Contact Person)	TAS 0
Eurocraft Industries Inc.	O7 JUL I I SECRETARY ALLAHASSI
(Firm/Company)	ARY SSE
1014 Ventana Drive	PM 12: L3 E. FLORID
(Address)	Z: L3
Ruskin FL. 33573	A
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Hans Severin	at (_813) 766-2116
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it of State is: Sorek Building Systems L		s of the Florida I	Department 	
2. This limited liability company was organized u The State of Florida	nder the laws of:	=		
3. The Florida document/registration number of the L05000110801	his limited liability con	npany is:	07 JUL 11 P	
4.1. Hans Severin	, hereby resign as a	MGRM ₽		ð
(Print Name of Person Resigning)	included in the second	(President	ejr O	1
of this limited liability company and affirm the linesignation in writing.	limited liability compar	ny has been noti	ယ fied of my	
Signature of Resigning Member, Managing Member	mber or Manager			

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)