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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Storm Guard S (Name of Lin	creen Enclosures, LLC mited Liability Company)					
Dear Sir or Madam:						
The enclosed Resignation of Member, Managin,	g Member or Manager and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
Edward Baird, Esq. (Name of Person)						
Wright, Fulford, Moorhead & (Firm/Company)	Brown, P.A.					
P.O. Box 2828 (Address)	<u> </u>					
Orlando, FL 32802 (City/State and Zip Code)						
For further information concerning this matter, p	please call:					
Edward Bosed, Esq. (Name of Person)	at (407) 425 - 0234 (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 & Certified Copy					
CR2E079 (8/05)	Сепие Сору					



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Allan	Hertlin	5	, hereby resign as	Manager   Mamber (Title)		
of_	Storm	Guard	Screen (Limited Liab	Enclosures,	LLC		
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.							
		Affin J	feelfle	managing member	or mambar)		
	(5)	ignature of resign	ing manager	managing memoer	or monitor)		

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

SECRETARIES STATE