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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL ·
(B	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEF FI CALE

D. BRUCE

JAN 16 2009

EXAMINER

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COVER LETTER

Division of Corporations P.O. Box 6327	

P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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 appears on the records	of the Florida Department
of State is: C Y	2 GATIVE REMOD	ELINA AND CON	STRUCTION .
2. This limited liab	ility company was organiz	ed under the laws of:	
FLORIDA	1	•	
3. The Florida docu	ment/registration number	of this limited liability com	pany is:
L05000	11-1172	•	
4. I, <u>OAUIA</u>	RIUFRA	, hereby resign as a	MGR
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wri		the limited liability compan	y has been notified of my
Ann	i) Ruiere		
	gning Member, Managing	Member or Manager	
			7
Cilina Cas.	625 00 (Dto 1)		EC 850
ruing ree: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AR Em
commod copy.	φουίου (Optional)		