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(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	locument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
		And the state of t
Resign		
•	Office Use Only	



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SECRETARIE OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: PDQ HOMES II, LLC		
(Name of Limi	ited 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 r	natter to the following:	
CHARLES P STEPHAN		
(Name of Person)		
(Firm/Company)		
6338 SHALIMAR STREET		
(Address)		
PORT CHARLOTTE, FL 33981		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
CHARLES P STEPHAN	at (_941) 475-8923	
(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	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, hereby resign as MGRM
(Title)
bility Company)
laws of the State of FLORIDA
been notified in writing of the resignation.
r, managing member or member)

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