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SECRETARY OF STATE

BAPR-4 AMII:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MJS Builders	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Monte Seidel (Contact Person)	SECRETARSSEE
(Firm/Company)	
2751 Blo Capros La	to C4 Capacoral, F1 33909
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
(Name of Contact Person)	at (239) 333 8976 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 of State is:	limited liability compar	ny as it appears	s on the records of the	he Florida De _l	· ··
2. This limited liabi	lity company was organ	nized under the	e laws of:		08 APR -4 1
3. The Florida docu	ment/registration numb $00 \200$	er of this limit	ed liability company	y is:	AH I I STATE
4. I, <u>Yor</u>	te Seidel ame of Person Resigning)	, here	eby resign as a <u></u>	(Regnt Tille)	amba!
of this limited liab	ility company and affir	m the limited l	iability company ha	as been notifie	d of my
Signature of Resignature	gning Member, Managi	ng Member or	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				