# 200000003249

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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#### COVER LETTER

COVERLETTE	,R
TO: Registration Section Division of Corporations	
SUBJECT: Bufferwood Construction (Name of Limited Liability Co	mpany)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or M	fanager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
James Rhyne (Name of Person)	 `
(Firm/Company)	- 06 <b>1</b>
157 Sapodilla Dr. (Address)	D6 MAY -1 PM 2: 54  SECRET OF STATE TALL OF
Islamovada, Fl 33036 (City/State and Zip Code)	OF STATE FLOADS
For further information concerning this matter, please call:	•
(Name of Person) at (305) (Area Coo	le & 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

I, Robert	Brumley, hereby resign as Manager-Mem (Title)	ber	
~ ×			
of Button	wood Construction	,	
	(Limited Liability Company)		
a limited liabili	ty company organized under the laws of the State of Florida		
	the limited liability company has been notified in writing of the resignation  (Signature of resigning manager, managing member or member)	OF HAY -1 PH 2:5	晋田

#### 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



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Randall	Baacl		_, hereby i	resign as	Manager.	member		
of	Button	wood	Construc	tion.	LLC	(Title)	196 198 190		
a limite	ed liability compa	any organize	(Limited Liability) d under the law		•	Florida			きい
	irm that the limit						ion. P.S.	PH 2:51	
		Pala	Mari	m			曼而	F	
	(Signat	ture of resign	ing manager, r	nanaging r	nember or n	nember)			

#### 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