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| (Requestor's Name)                      |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| ,                                       |  |  |  |  |  |
| Continued Consider                      |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE STATE OF CORPORATIONS

J. BRYAN

JUL 2 2 2008

**EXAMINER** 

## **COVER LETTER**

| SUBJECT: King Flooring and Remodeling U (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submfiling.  Please return all correspondence concerning this matter to:  Shaward A. King (Contact Person) |            |
|--|------------|
| Please return all correspondence concerning this matter to:  | L          |
| Shawndrea A. King  | itted for  |
| Shawidred A. King (Contact Person)   |            |
|  |            |
| (Firm/Company)   | \$         |
| 779 Squirrel Rol.  |            |
| DFS FL BU 33 (Cly/State and Zip Code)  |            |
| For further information concerning this matter, please call:  Shaw Ndred King at (850) 500-43  (Name of Contact Person) (Area Code & Daytime Telephone Num   | )9<br>ber) |
| Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy   |            |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301                   | 4          |

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 on the rec  | cords of the Florida I | Department (   |
|--|--|------------------------------|------------------------|----------------|
| 2. This limited liab                     | ility company was organ                  | nized under the laws of:     |                        |                |
| 3. The Florida doc                       | ument/registration numb                  | er of this limited liability | company is:            |                |
| 4. I,                                    | by L. Pete<br>Jame of Person Resigning)  | hereby resign                | as a                   | $\bigcap_{e)}$ |
| of this limited lia<br>resignation in wr |  | m the limited liability con  | mpany has been noti    | fied of my     |
| Signature of Res                         | igning Member, Managi                    | ng Member or Manager         | 7-16-08                |                |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional) |                              |                        | 08 JUL 21      |