Lo6000013765

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



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09/20/06--01021--003 **25.00

06 SEP 20 PH 12: 25
SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Prescott Framing LLC | |
| (Name of Limi | ted 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 | matter to the following: |
| | |
| Alice Williams | |
| (Name of Person) | |
| Prescott Framing LLC | |
| (Firm/Company) | - |
| | |
| 38020 10th Ave | |
| (Address) | |
| Zephyrhills, FL 33541 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, pl | ease call: |
| Alice Williams | at (813) 714-1389 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: Registration Section |
| Registration Section Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following amount: | |
| ✓ \$25 Filing Fee | ☐\$55 Filing Fee & |
| CR2E079 (8/05) | Certified Copy |
| | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| Ι, Eric J. Lohery | , hereby resign as MGRM | | _ |
|---|---|--|---|
| | (Title) | | _ |
| of Prescott Framing LLC | | _ | |
| | (Limited Liability Company) | ······································ | |
| a limited liability company organized | under the laws of the State of Florida | | |
| and affirm that the limited liability con | mpany has been notified in writing of the resignati | ion. | |
| (Signature of resigning | ng manager, managing member or member) | 06 SEP 20 PM 12: 25 | |

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