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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #/	
PICK-UP	WAIT	MAIL
(Вс	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Rasign		
V	Office Use Only	



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PILED

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SECRETARY OF STATE
AND ASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Just Flooring LLC (Name of Limited 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 matter to the following:
Joseph M. Ardis III (Name of Person)
Just Plooring LLC (Firm/Obmpany)
200 County Rd 13 5. (Address)
St. Augustin R 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
Joseph M. Ardis III at (904) 669-0219 (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 \$\text{Cr2E079 (8/05)}\$



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Ryan Ritts , hereby resign as Member (Title)
of Just Plooning LLC
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.
for Poto GN PH
(Signature of resigning manager, 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

CR2E079 (8/05)