## L060000004498

(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:

L. SELLERS
SEP 2 1 2010

**EXAMINER** 

Office Use Only



100185422321

09/20/10--01020--008 \*\*25.00

SEBNCIARY OF STATE

0 SEP 20 PH 3: 31

## **COVER LETTER**

Division of Corporations	
SUBJECT: K.R.BROBST BUILD	DER LLC.
SUBJECT.	Limited Liability Company)
·	• •
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
KENNETH BROBST	
(Contact Person)	<del></del>
K.R.BROBST BUILDER LLC	
(Firm/Company)	
PO BOX 8088	·
,. (Address)	•
NORTH PORT FL 34290	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
KENNETH BROBST	at ( 941 ) 993-9327
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<b>V</b>   <b>425</b> 1 mmg 1 <b>44</b>	Certified Copy
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 32301	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

	limited liability company as R.BROBST BUILDER		of the Florida Departme	ent _·
2. This limited liab FLORIDA	ility company was organized	d under the laws of:		
3. The Florida doct L06000026	ument/registration number o	f this limited liability con	npany is:	
4. I, MATTHEV	V LEWIS	, hereby resign as a	MANAGING MEN	/BER
(Print N	Jame of Person Resigning)	nercoy resign as a	(Print Title)	-
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of n	ny
	5	••		,
Signature of Res	gning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 SEP 20 PM 3: SECRETARY OF STATEBAHASSEE, FLO	