L06600643311

· (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:			

Office Use Only



100134636651

08/25/08--01004--018 **85.00

OR AUG 27 AN II: 18
SECRETARY OF STATE
ALLIAMASSEE EL COM

T. HAMPTON

AUG 28 2008

EXAMINER

COVER LETTER

· .TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Apollo Builders LLC	
	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Charles PT Phoenix, Esq.	
(Contact Person)	
Phoenix Law PA	
(Firm/Company)	
12800 University Drive, Suite	260
Fort Myers, Florida 33907	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Charles PT Phoenix a	, 239 ₎ 461-0101
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
\$25 Filing Fee	\$55 Filing Fee & 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 32314
Tallahassee, Florida 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company a	s it appears on the records of the Florida Department
2. This limited liab	ility company was organize	d under the laws of:
3. The Florida doci		f this limited liability company is:
4. I, Gulf Detroit LLC (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of Pos	gning Member, Managing	Jambar ar Managar
orginature of Res	gining ivicinioer, iviaitaging	Mentoel of Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CR2E079 (5/06)

FILED

8 AUG 27 AH II: 18

ECRETARY OF STATE
ALLAHASSEE, FLORINA