L060000 44485

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10 JAN -5 AM II: 04

T. HAMPTON

JAN - 6 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Premium Painters of (Name of Limited Liability Com	-Sf.Lucie,LLC
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
David Rizzo (Contact Person)	
(Contact Person)	
(Firm/Company)	
9425 SE Federal Hury. (Address)	
Hobe Sound, FL 33455 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (772 (Area Code	2 545-2154 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	epartment of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as		
of State is:	Premium Pain	ters of 5+. Luc	e, LLC.
			,
	ability company was organized	l under the laws of:	
		······································	
	ocument/registration number of 00044485	f this limited liability com	pany is:
	(VIC) RIZZO It Name of Person Resigning)	, hereby resign as a _	m anager (Print Title)
of this limited line resignation in	liability company and affirm the writing.	e limited liability compan	y has been notified of my
Signature of R	esigning Member, Managing M	ember or Manager	
	•		cms
Filing Fee:	\$25.00 (Required)		10

10 JAN -5 AM II: 04

Certified Copy:

\$30.00 (Optional)