## L060000046262

(Requestor's Name)
(Address)
(Address)
(Address)
•
(City/State/Zip/Phone #)
(City/State/21p/Fitotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliose Eliaty Haille)
·
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
A. LUNT
IIIN O coco
JUN - 2 2009
EVARBIATES
EXAMINER

Office Use Only



000156567130

PILED
2009 JUN -1 PM 3: 50
SECRE JARY OF STATE
TALLAHASSEE, FI ORIGINAL

06/01/09--01011--014 \*\*25.00

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Platinum Stone and Tile	e Works LLC ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
Tim Frederick	
(Contact Person)	
Platinum Stone and Tile Works LL	.C 2009
(Firm/Company)	ARE UN
719 48th St West	HASSEE.
(Address)	7 <b>3 1</b>
Palmetto, FL 34221	PM 3: 50
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Hellye Frederick (Name of Contact Person)	at (941) 729-4541 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$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

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap	<del>-</del>	f the Flori	ida Depar	tment 
2. This limited liabil the State of	ity company was organized und Florida	er the laws of:	TALLAHASS	2009 JUN - I	5
3. The Florida docur L060000462	nent/registration number of this 262	limited liability comp	any is: FORTUA	PH 3: 50	
4. I, Chester Gro	obleski	, hereby resign as a N	∕lanagir	ng Mem	ıber
(Print Name of Person Resigning)		(Print Title)			
of this limited liabi	lity company and affirm the lining.	nited liability company	has been	notified o	of my
Signature of Resig	ning Member, Managing Memb	oer or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				
Common Copy.	יסייסרע (Ohman)				