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ě.		
	(Requestor's Name)	***************************************
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
Design		



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COVER LETTER

Division of Corporations	
SUBJECT: SOUTHERN FLOORING (Name of Limited L	SERVICES LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
JESSE B. GRIM III	
SOUTHERN FLOORING SERVICE (Firm/Company)	es uc
7711 OLD NURSERY RD	
MACCIENNY, FL 32063 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Name of Contact Person) at (904 , 759-9609
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	Southern Floor	it appears on the records	s of the Florida De	partment
2. This limited liab	ility company was organized	under the laws of:		
4. I, <u>Jesse</u> (Print N	ment/registration number of OOO 47564 B. GRIM JR. Same of Person Resigning) bility company and affirm the iting.	, hereby resign as a	MAN A GER MANAGING M (Print Title)	
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager		SECRETARY OF DIVISION OF NOV 19 AMIL: 5