## L06000047726

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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Eddiness Entry Name)		
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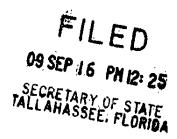
SECRETARY OF STATE
ASSEE, FLORID.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Odd Jobs of Central Flo	orida, LLC ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	this matter to:
Michael Sandlin	
(Contact Person)	<del></del>
Odd Jobs of Central Florida, LLC	
(Firm/Company)	
114 East Harvard Street	
(Address)	
Orlando, FL 32804	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Michael Sandlin	at ( 321 ) 663-5541
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	<b>√</b> \$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 limited liability company as it appears on the reconstruction of State is: Odd Jobs of Central Florida, LLC	cords of the Florida Department
2. This limited liability company was organized under the laws of:  Florida Department of State, Orange County	
3. The Florida document/registration number of this limited liability L06000047726	y company is:
4. I. Kelly C. Graham hereby resign	as a owner/managing member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liability corresignation in writing.	mpany has been notified of my
Child Cohal	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	
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CR2E079 (5/06)	* . * .