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EXAMINER

COVER LETTER

SUBJECT: LIGHTNING ELECTRICAL SERVICES UCC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: HECTOR ECHAVARRIA (Contact Person) LIGHTNING ELECTRICAL SERVICES LLC (Firm/Company) TOGA LEMBO CIRCLE (Address) CLEARWATER FLORIDA 33.756 (City/State and Zip Code) For further information concerning this matter, please call: HECTOR ECHAVARRIA at 727 481 - 5757 (Name of Contact Person) Enclosed please fiped a check made payable to the Florida Department of State for: \$255 Filing Fee \$255 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301	TO: Registration Section Division of Corporations	
For further information concerning this matter, please call: Contact Person	SUBJECT: 4GHTNING ELECTRICAL SERVICES UCC. (Name of Limited Liability Company)	-
HECTOR ECHAVARRIA (Contact Person) LIGHTNING ELECTRICAL SERVICES LLC (Firm/Company) 709 A LEMBO CIRCLE (Address) CLEARWATER, FLORIDA 33756 (City/State and Zip Code) For further information concerning this matter, please call: HECTOR ECHAVARRIA at (727) 481 - 5757 (Name of Contact Person) Enclosed please fipe a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		
CLEARWATER, FLORIDA 33756 (City/State and Zip Code) For further information concerning this matter, please call: Compared Compared Code Co	Please return all correspondence concerning this matter to:	
TOP A LEMBO CIRCLE (Address) CLEARWATER FLORIDA 33756 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) 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: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	(Contact Tellori)	•
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CLEARWATER, FLORIDA 33756 (City/State and Zip Code) For further information concerning this matter, please call: HECTOR ECHAVARAL at (727) 481-5757 (Name of Contact Person) (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: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	ار کار محرد مسید از از کار از	y =-
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	Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a				ertment - <u>C</u> .
2. This limited liabil	ity company was organized ur	nder the laws	of:		
3 The Florida docur	ment/registration number of th	is limited lia	bility company is	:	
L060000		,	omicy company to	•	
4. I, FRANK (Print Na	Soav me of Person Resigning)	, hereby re	sign as a MAN	AGING (Print Title)	Member
of this limited liab resignation in writ	ility company and affirm the li	mited liabilit	ty company has b	een notified	of my
Jank?	11			ES ES	-128
Signature of Resig	ning Member, Managing Men	nber or Mana	nger	三角	e ander
				SSE -3	10 mg/s
Filing Fee:	\$25.00 (Required)			E E	E P S
Certified Copy:	\$30.00 (Optional)				י ח