(04000058119

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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05/29/07--01023--008 **25.00

2007 MAY 29 PM 12: 45
SECRETARY OF STATE
AND SEE, FLORIDS



COVER LETTER

Division of Corporations
SUBJECT: RESCUE ME ELECTRICIAN, UC (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:
Renaldo Morrales, Je (Contact Person)
Rescue Mc Electrician (Firm/Company)
Ce519 NW 9 St MARGAKE
MARGATE FL 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
Reinploto Morales. at 954, 973, 4025 A (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 Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 lin	nited liability company as it appe Scue Me E	ears on the records of the F	lorida Departme	nt
2. This limited liability	ty company was organized under	the laws of:		
•	ent/registration number of this line	mited liability company is:	:	
4. 1, Christina (Print Nam	LOELSCH-MORATES, 1	nereby resign as a MANA	Print Title)	
of this limited liabil resignation in writing	ity company and affirm the limiteng.	ed liability company has be	een notified of m	У
Signature of Resign	Solia ing Member, Managing Member	or Manager	2007 HAY 29 SECRETARY	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 12: 4: COF STATE	Section of the sectio