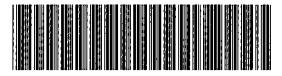
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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: CUSTOM OUTDOOR LIVING, LLC	C Liability Company)
(Name of Limited	· ·
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this mat	ter to the following:
BRIAN W. BROAD, P.A.	
(Name of Person)	
BRIAN W. BROAD, P.A.	
(Firm/Company)	
55 NE FIFTH AVENUE, SUITE 400	
(Address)	
BOCA RATON, FLORIDA 33467	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
BRIAN BROADat	(561) 394-2321
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301 Enclosed is a check for the following amount:	
 ▼ \$25 Filing Fee	□\$55 Filing Fee &
v južo i mig i ce	Certified Copy
CR2E079 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, HENRY NEMANICH	, hereby resign as MANAGING MEMBER	
	(Title)	
of CUSTOM OUTDOOR LIVING, LLC		
(Limited Liability Company)		
a limited liability company organized under the laws of the State of FLORIDA		
and affirm that the limited liability company has been notified in writing of the resignation.		
the Nen	many b	
(Signature of resigning manager, managing member or member)		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314