

LD60000062744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

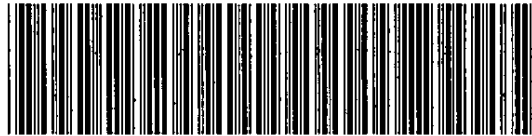
Special Instructions to Filing Officer:

L. SELLERS

JUN 30 2008

EXAMINER

Office Use Only



200131651292

06/27/08--01020--031 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 27 PM 1:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expert Cutting & Coring LLC.
(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:

Casey Schaad
(Contact Person)

Expert Cutting & Coring LLC.
(Firm/Company)

4613 N. University Dr. #585
(Address)

Coralsprings Florida 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

Casey Schaad at (754) 422-8800
(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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

RECEIVED
TALLAHASSEE, FLORIDA

2008 JUN 27 PM 1:38

FILED



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 records of the Florida Department of State is: Expert Cutting & Coring LLC.

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000062744

4. I, Christopher T Baker, hereby resign as a managing member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 27 PM 1:38

FILED