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(Requestor's Name)
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05/30/07--01034--012 **25.00

07 MAY 30 AM 11: 35 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF LORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: Kimar Construction,	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	unager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
H. Dale Herring or Lois Litchf (Contact Person)	ield 9
(Ciliast reison)	超
Kimar Construction, LLC	
(Firm/Company)	
PO Box 985	EST ST
(Address)	
Old Town, Fl. 32680	•
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Tota Tipanstald	(252) E/O 7005
	(352) 542 7835 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the X \$25 Filing Fee	state for: \$55 Filing Fee & Certified Copy
	••• •
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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	e limited liability company as	it appears on the records	of the Florida Department
of State is:	KIMAR CONSTRUCTION	LLC.	•
2. This limited lial	oility company was organized	d under the laws of:	
F1	orida	, 	9
3. The Florida doc	ument/registration number of	f this limited liability com	OT MAY 30 TALLAHAS apany is:
L060000	•	·	SSEE, P
4. I, <u>TimmyB.</u>		, hereby resign as a	Managing Memberne
	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	ny has been notified of my
/ signature of Res	Emoud igning Member, Managing M	fember or Manager	
Filing Fee:	\$25.00 (Required)		•
Certified Copy:	\$30.00 (Required)		