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PICK-UP	☐ WAIT	MAIL MAIL			
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Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: METAL Morphosis (Name of Limited Liability Co.	L C	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted	for
Please return all correspondence concerning this matter to:		
CHRISTOPHER A. GRAFTON		
(Contact Person)		ت
METAL MORPHOSIS LLC (Firm/Company)	<del>-</del> ,	96 DEC 18
801 E 9TH ST.  (Address)	,	C7 2 44 8
APOPKA, FL 32703 (City/State and Zip Code)	<del>_</del>	0.7
For further information concerning this matter, please call:		
CHRIS CARAFTON at (407 (Name of Contact Person) (Area Code	, 232-1254	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy	
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		

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 of State is:	limited liability company as METAL MORPHOSIS L	it appears on the records of	of the Florida Department
_	ility company was organized		18 PH 2: 25
3. The Florida doct	ument/registration number o	f this limited liability com	pany is:
	Schweile ame of Person Resigning)	, hereby resign as a _	MANALES OWNEK (Print Title)
of this limited lial resignation in wr	pility company and affirm the	e limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)