

| (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 | | | | | | | |
| 12/24 | | | | | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| | stration Section sion of Corporations | | • |
|-------------------------------|--|----------------------------|--|
| SUBJECT: | M & M DRYWALL & INS | ULATION d Liability Com | , L. L. C. |
| The enclosed filing. | d member, managing member or m | nanager resign | ation and fee(s) are submitted for |
| Please return | hall correspondence concerning th | is matter to: | |
| ALFONS | | | , |
| | (Contact Person) | | |
| | (Firm/Company) | | |
| 95 SOUT | TH PROSPECT DR, | | |
| | (Address) | | |
| CORAL (| GABLES, FL. 33133 | | |
| , | (City/State and Zip Code) | | |
| For further in | nformation concerning this matter, | , please call: | • |
| ALFONS | O DIAZ | 786 | 295-9483 |
| (N | ame of Contact Person) | (Area Code & | & Daytime Telephone Number) |
| Enclosed ple | ease find a check made payable to | | epartment of State for: 55 Filing Fee & Certified Copy |
| ř | | | |
| | OURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Division of (| | | Registration Section Division of Corporations |
| Clifton Build | | | P.O. Box 6327 |
| | ive Center Circle | | F.O. Box 0327 Fallahassee, Florida 32314 |
| · · | Florida 32301 | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | mited liability company M DRYWALL & I | | | | artment |
|--|--|----------------|--------------------|-------------------------|---------|
| 2. This limited liabili | ty company was organ | ized under t | he laws of: | | |
| 3. The Florida docum L060000722 | nent/registration numbe 254 | or of this lin | aited liability co | ompany is: | |
| 4. I, ALFONSO I | DIAZ ne of Person Resigning) | , ho | ereby resign as | MANAGER/M (Print Title) | EMBER |
| of this limited liabil resignation in writi | ity company and affirm | 1 the limited | l liability comp | any has been notified | of my |
| Signature of Resign | ning Member, Managin | g Member | or Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |

CR2E079 (5/06)

2007 DEC 21 PM I2: 26
SECRETARY OF STATE