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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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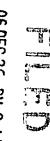
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SECRETARY OF STATE



COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Climaco J Pizarro 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: Climaco Pizarro (Contact Person) (Firm/Company) 19621 County Road 455 (Address) Clermont, Florida 34715 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 9488279 (Area Code & Daytime Telephone Number) Climaco Pizarro (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: √ \$25 Filing Fee \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

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

	mited liability company as it a aco J Pizarro LLC	ppears on the records	s of the Florid	a Depa	rtmen 	t
2. This limited liabiling Florida State	ity company was organized un	der the laws of:				
3. The Florida docum 1 060000732	nent/registration number of thi	s limited liability cor	npany is:			
4. I, Felix R Sch	midt	_, hereby resign as a	MGRM			
	ne of Person Resigning)	_, nereo, resign as a	(Print	Title)		
of this limited liabi	lity company and affirm the lin	nited liability compa	ny has been n	otified	of my	7
	1			Þσ	0	
Signature of Resig	ning Member, Managing Mem	ber or Manager		ECRETARY LLAHASSI	06 DEC 26	
Filing Fee:	\$25.00 (Required)				PH	m
Certified Copy:	\$30.00 (Optional)			STATI	12:4:	