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SECRETARY OF STATE
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T. CLINE

JUL 20 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: U.S. SLide Tool (Name of Limited Liability)	ty Company)
The enclosed member, managing member or manager filing.	
Please return all correspondence concerning this matter	er to:
Clifford A. Duhai	ime
U.S. Slide Tool, L	<u>l'C:</u>
St. Augustine F	SECRETARY OF STA MILLAHASSEF FLORE STANDARY OF STA SECRETARY OF STANDARY OF S
For further information concerning this matter, please	
Clifford Duhaine at 90	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida 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

	limited liability company as	it appears on the records of	`the Florida Department
of State is: U.S	S. SLIDE TOOL, LLC		
	ility company was organized E OF FLORIDA	under the laws of:	
-			
3. The Florida doct L06000073	ument/registration number of 3679	this limited liability compa	ıny is:
4. I, KAREN M		, hereby resign as a M	ANAGER.
	ame of Person Resigning)	,,	(Print Title)
of this limited lial resignation in wr	bility company and affirm the	e limited liability company	has been notified of my
Kare	ming. M. DC	Haine	ZEGRETARY
Signature of Resi	gning Member, Managing M	lember or Manager) AS
		•	
•			the second
Filing Fee:	\$25.00 (Required)		PH
Certified Copy:	\$30.00 (Optional)	•	RE X