## 100000T4170

(Re	questor's Name)	
,		•
(Ad	dress)	
	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
J.,		;
Resign		



000095921140

04/06/07--01029--009 \*\*25.00

07 APR -6 PM 2: 05

DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jarne's Dywall (Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Contact Person)	
Jame's Dywall 11 (Firm/Company)	<u>C</u>
420 San Hateo Dr (Address)	
Lake worth F1 33	3461
For further information concerning this matter, please	e call:
at (Same of Contact Person) at (Area	G1 ) 963-3318. a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		ny as it appears on the records of		
	ility company was orga	nized under the laws of:		
1	ument/registration numb	ber of this limited liability compa	iny is:	
of this limited lial resignation in wr	oility company and affiniting.	, hereby resign as a rm the limited liability company ing Member or Manager		
	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF COR	
CR2E079 (5/06)	mar — Singarya	्रिक्ट भार्तिक सम्बद्धिक क	F STATE PORATION: 4 2: 05	-