## LD6000014465

(Requestor's Name)			
(Address)			
,			
(Address)			
(Audress)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(,			
(Document Number)			
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## **COVER LETTER**

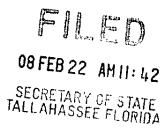
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for

Division of Corporations	
SUBJECT: STEEL BUILDING (Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted
Please return all correspondence concernir	ng this matter to:
LINDA TOOTLE	
(Contact Person)	
(Firm/Company)	
1804 MOSHER DRIVE	·
(Address)  ORLANDO FL 32810  (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
LINDA TOORE	at (407 ) 532-9076
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as MEEL BUILOING		of the Florida Department
	oility company was organize	d under the laws of:	
	ument/registration number o	f this limited liability com	pany is:
4. I, <u>LINOA</u> (Print N	TOOTLE Name of Person Resigning)	, hereby resign as a _	MANAGER (Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compan	y has been notified of my
——————————————————————————————————————	at Toothe	(ambar an Managar	
Signature of Kes	igning Member, Managing N	viember or ivianager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		