## LD10000080173

(Re	questor's Name)	
(Ad	ldress)	
,	•	
(Au	dress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
/D:	-in Futit . N	
" (Bu	isiness Entity Name)	
*		
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flortexa. (Name of Limit	ed Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
Rob Thomas (Contact Person)	en e
Flovtexalo LLC (Firm/Company)	
1614 Drew A. (Address)	<del>and the second of</del> the second of the second
Clear Wester, FC (City/State and Zip Gode)	33765
For further information concerning this matter	; please call:
(Name of Contact Person)	at (727) 449 - 7417 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassas, 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

	limited liability company as it appears on the records of the Florida Dept. FLORTGXADO LLC	•
2. This limited liab	bility company was organized under the laws of:	
3. The Florida doc	ument/registration number of this limited liability company is:	
•	M. Thomas, hereby resign as a Walland (Print Till)  bility company and affirm the limited liability company has been notified iting.	d of my
- Twas	igning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	20

CR2E079 (5/06)

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