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(Re	equestor's Name)				
(Ad	ldress)				
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OT SEP -4 AMII: 20 SECRETARY OF STATE ALLAHASSEE, FLORIC

COVER LETTER

Division of Corporations		
SUBJECT: Hawanan Style T	ability Company)	
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for	
Please return all correspondence concerning this n	natter to:	
Robyn Barnes (Contact Person)	·	
Hawaiian Style Tile LLG (Firm/Company)	07 SEP -4 SEGRETAGE TALLAHASSEE	
4296 Mauara Dr. (Address)		
Sarasoter, FL34241 (City/State and Zip Code)	TATE ORIDA	
For further information concerning this matter, ple	ease call:	
Robyn Barres at (Name of Contact Person)	Area Code & Daytime Telephone Number)	
Enclosed please fine a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
200. Enough to Control Office	i aitaitaoooo, i iqitaa 525 i i	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as it ap	pears on the records	of the Florida De	epartment
of State is: Ho	iwalian Style Tile	LLC.	VLL SEC	07
2. This limited liabil	ity company was organized und	ler the laws of:	RETARY OF STATE AHASSEE, FLORIDA	SEP-4 AMII: 20
3. The Florida docum	nent/registration number of this	limited liability com	pany is:	Ö
4. I, Patric	L L. Boynes me of Person Resigning)	, hereby resign as a	Managirg (Print Tide)	member
of this limited liab resignation in writ	ility company and affirm the lin ing.	nited liability compan	y has been notifi	ied of my
x John L	Dan			
Signature of Resig	ning Member, Managing Meml	per or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			