L060000954444

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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S. HAWKES

MAY 0 4 2010

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registr	ration Section		
Divisio	on of Corporations		
,	Vice Deintime Contractors		
SUBJECT: _	Vico Painting Contractors		
	(Name of Limited	Liability Col	mpany)
The enclosed rational filing.	member, managing member or ma	nager resig	gnation and fee(s) are submitted for
Please return a	all correspondence concerning this	s matter to:	
Raul Ivane	9Z		
	(Contact Person)		_
Vico Painti	ing Contractors		_
*************************************	(Firm/Company)		
P.O. Box 5			
	(Address)		
Miami, FL	33152		_
•	(City/State and Zip Code)		
For further inf	formation concerning this matter, j	please call:	
Marina Or	donez at	305	970-1820
(Nai	me of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed pleas	se find a check made payable to the	ne Florida l	Department of State for:
	\$25 Filing Fee		\$55 Filing Fee &
ı			Certified Copy
STREET/CO	OURIER ADDRESS:		MAILING ADDRESS:
Registration S	ection		Registration Section
Division of Co	•		Division of Corporations
Clifton Buildi			P.O. Box 6327
2661 Executive Tallahassee, F	ve Center Circle Florida 32301		Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it	appears on the records of the Florida Department
of State is: Vico Painting Contractors	
2. This limited liability company was organized ur	nder the laws of:
State of Florida	<u>_</u> .
3. The Florida document/registration number of th L06000095444	is limited liability company is:
4. I, HILMA ORDONEZ	, hereby resign as a VP
(Print Name of Person Resigning)	(Frint Title)
of this limited liability company and affirm the li resignation in writing.	imited liability company has been notified of my
Die me In	
Signature of Nesigning Member, Managing Mem	nber or Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: