

L06000098042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

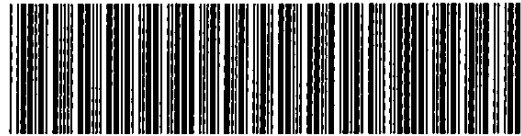
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 23 PM 3:10

T. Hampton JAN 24 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR CHOICE FLOORING LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DESHAN ACKERSON
(Contact Person)

NONE
(Firm/Company)

4400 THORNBRIAR LN. #202
(Address)

ORLANDO FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

DESHAN ACKERSON at (407) 575-0060
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

ALREADY PAID

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2008

DESHAN ACKERSON
4400 THORNBRIAR LN
202
ORLANDO, FL 32822

SUBJECT: YOUR CHOICE FLOORING LLC
Ref. Number: L06000098047

RECEIVED
08 JAN 23 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for YOUR CHOICE FLOORING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00001153



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 limited liability company as it appears on the records of the Florida Department of State is: YOUR CHOICE FLOORING LLC.

2. This limited liability company was organized under the laws of:

FLORIDA (608.406(2) F.S.

3. The Florida document/registration number of this limited liability company is:

20600098047

4. I, DESHAN ACKERSON, hereby resign as a MANAGER / MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

4400 Thornbrier Ln. #202

Orlando, FL 32822

407-575-0060

January 1, 2008

To Whom It May Concern:

I, DeShan Ackerson, will totally and completely resign from Your Choice Flooring LLC, document number L06000098047. I have included a copy of my original letter of completion.

Sincerely,



DeShan Ackerson

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 23 PM 3:11