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. (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	•
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COVER LETTER

Division of Corporations	
SUBJECT: EARTH FRIENDLY (Name of Limited Liabi	ONTRACTING LLC lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
C HARLENE SHEPHARD (Contact Person)	
(Firm/Company)	SECRETAL TALLAHASS
1467 OUERLAND DRIV	SEE FLORI
1467 OUERLAND DRIV (Address) SPRINGHILL FL 34602 (City/State and Zip Code)	STATE CORIDA
For further information concerning this matter, pleas	e call:
CHARLENE SHEPHARD at (3 (Name of Contact Person) (Area	S) 835-364) a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

	imited liability company as it			-	- Tota
2. This limited liabil	lity company was organized t	under the laws of:		07 APR -5 SECRETAF TALLAHASS	<u>-11</u>
	nent/registration number of t	2060000	18629	AM II: 5 EE FLORI	E
	ME SHEPHARD me of Person Resigning) ility company and affirm the ing. AS OF 2/6/	, hereby resign as a limited liability compared 7	(Print T	itle)	
Charlene Signature of Resig	Ineplace Ining Member, Managing Me	mber or Manager		·	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)