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SECRETARY OF STATE TAILLAHASSEE, FLORIDA

JAN 14 PM 1: 23

M. Thomas JAN 1 5 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Smooth Finishing, LL (Name of Limited Liability Com	
The enclosed member, managing member or manager resignfiling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Michael Vald-es (Contact Person)	
SMOOTH FINISHING, UC	SECRETALLAH
1046 NW 133 Ave (Address)	08 JAN 14 PM 1: 23 SECHETARY OF STATE TALLAHASSEE, FLORIDA
MIQMI, FJ 33182 (City/State and Zip Code)	TATE ORIDA
For further information concerning this matter, please call:	
	2924 (0200 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations	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

1. The name of the l	imited liability company as it ap	ppears on the records of the FI	orida Department
2. This limited liabi	ity company was organized und	ler the laws of:	08 JAN 14 SECRETAL JALLAHASS
LØUDI	ment/registration number of this がロン1032		PH 1:2
4. I, Michael (Print No.	Me of Person Resigning)	, hereby resign as a Man	Crini Title)
of this limited liab resignation in wri	ility company and affirm the lin	nited liability company has be	en notified of my
Signature of Resignature	gning Member, Managing Memb	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		