## L07000000708

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<b>,</b> -		<b></b>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
	•			
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
opeoid: matriculona to	r illing Officer.			
	•			

Office Use Only



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SECRETARY OF STATE

N. Guillown MAR 2 9 2007

## **COVER LETTER**

Division of Corporations		
SUBJECT: STS Trim Solutions I	.ILC	
	Liability Company)	
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Evelyn Noel		
(Contact Person)		
Evelyn Noel Accountant		
(Firm/Company)		
3711 Trout River Blvd		
(Address)		
Jacksonville; FL 32208		
(City/State and Zip Code)	•	
For further information concerning this matter, p	lease call:	
Laszlo Schmidt	904 ) 449~8470	
	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the		
\$25 Filing Fee	\$55 Filing Fee &	
5	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as S Trim Solutions LLC	it appears on the records of	the Florida Department
2. This limited liabi Florida	lity company was organized	under the laws of:	
•	ment/registration number of 000000708	this limited liability compa	ny is:
4. I,Gyula Sc	hmidt	, hereby resign as a	anager
(Print No	ime of Person Resigning)  wility company and affirm the		
	gning Member, Managing M		007
_	\$25.00 (Required) \$30.00 (Optional)		