

L0700000/091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2008 FEB -7 P 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. LUNT
FEB -8 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contractor's Choice USA, 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:

ROBERT L GOMES
(Contact Person)

TXRECO/PINNACLE EMPLOYEE LEASING
(Firm/Company)

115 W OLYMPIA AVE
(Address)

PUNTA GORDA FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES E STEVENS EA at (941) 457-6790
(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

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

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2008 FEB -7 P 1:30
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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Contractor's Choice USA, LLC

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

3. The Florida document/registration number of this limited liability company is:
L07000001091

4. I, BOB LEAVY, hereby resign as a MGRM
(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

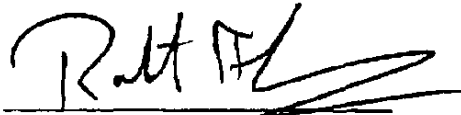
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR26079 (3/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTRACTOR'S CHOICE USA, LLC
115 W OLYMPIA AVE
PUNTA GORDA FL 33950

THIS LETER SHALL GIVE NOTICE THAT I AM RESIGNING AS
MEMBER/MANAGER MEMBER OF CONTRACTOR'S CHOICE USA, LLC
AND I WILL NO LONGER HAVE ANY ASSOCIATION WITH CONTRACTOR'S
CHOICE USA, LLC.



Signed

ROBERT F. LEARY

Printed Name

JAN 1, 2008

Effective Date

2008 FEB -1 P 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED