## 481100001701

- (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<b>→</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only

G. MCLEOD

JUL 22 2010

**EXAMINER** 



600183348176

600183348176 07/20/10--01016--004 \*\*25.00

TATILAHASSEE. FLORID

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: B&S PAINTING AND DE	
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
DAVID RAINEY	
(Contact Person)	
(Firm/Company)	
PO BOX 5932	
(Address)	•
TALLAHASSEE, FL 32314	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at (850), 510-8687
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please and a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassas, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 2

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

1. The name of the limited liability company as it at of State is: B&S PAINTING AND DECO		of the Florida Department
2. This limited liability company was organized und FLORIDA	ler the laws of:	
3. The Florida document/registration number of this L07000001784	·	
4. I. LEON RICHARDS	, hereby resign as a	Managing Member
(Print Name of Person Resigning)	- <b>,</b> ,	(Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability compa	
Signature of Resigning Member, Managing Mem	per or Manager	
	_	Za o

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)