# 107000008307

	(R	equestor's Name)				
<del></del>	(A	ddress)				
	(A	ddress)				
	(C	ity/State/Zip/Phon	e #)			
· [	PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)						
<del></del>	(D	ocument Number)	)			
Certified (	Copies	Certificate	s of Status			

Special Instructions to Filing Officer:

A. LUNT

AUG 19 2008

EXAMINER

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2008

DARLENE DIAZ 2164 S. CHICKASAW TRAIL ORLANDO, FL 32825

SUBJECT: ECLIPSE DRYWALL, LLC

Ref. Number: L07000008307

SECRETARY OF STATE AND ANALYSEFF, FLORIDA

We have received your document for ECLIPSE DRYWALL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A seperate application is needed for each person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 208A00017359

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ECLIPSE DRYWALL, LL	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
DARLENE DIAZ	
(Contact Person)	
THE TAX MASTERS & ACCOUNT	NG VECKE
(Firm/Company)	ASS
2164 S CHICKASAW TRIAL	SEE. F
TERRORE TO THE OR (Address)	
ODLANDO EL 2005	
ORLANDO, FL 32825	
(City/State and Zip Code)	
For further information concerning this matter, 1	please call:
DARLENE DIAZ	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$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
CR2E079 (5/06)	



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a	opears on the records	TALLE Florida	Department ·	
2. This limited liability FLORIDA	ty company was organized und	der the laws of:	RY OF STATE SSEE, FLORIDA		
3. The Florida docum L070000830	ent/registration number of this	s limited liability con	npany is:		
4. I, FRANCISCO HERNANDEZ		_, hereby resign as a	MANAGIN	G MEMBER	
(Print Name of Person Resigning)			(Print Title)		
of this limited liabil resignation in writing	ity company and affirm the lin	nited liability compar	ny has been not	ified of my	
Francisco Her Signature of Resign Francisco Herrade	Non Dél. ing Member, Managing Memb	per or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Ontional)				