L07000010027

(Requestor's Name)		
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(Address)		
(Address)		
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(City/State/Zip/Phone #)		
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/ \		
(Business Entity Name)		
(Business Entity Name)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. BRYAN

JAN -5 2009

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Mike Sims Office Interior:	s, LLC Liability Company)
(Name of English	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Mike Sims	
(Contact Person)	TALS S
Mike Sims Office Interiors, LLC	LAH.
(Firm/Company)	ASS
18801 Forest Manor Dr	
(Address)	
Tallahassee FL, 32310	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Mike Sims . at	<u>850</u> <u></u> 528-0028
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
\$23 Filling Fee	\$55 Filing Fee & Certified Copy
CTREET/COURSER ADDRESS	••
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
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 limited liability company as it of State is: Mike Sims Office Interiors	appears on the records of the Florida Department , LLC
This limited liability company was organized u Florida	ander the laws of:
3. The Florida document/registration number of the L07000010027	his limited liability company is:
	, hereby resign as a Managing Member (Print Title) limited liability company has been notified of my mber or Manager

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy: