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J. BRYAN ULU 1 4 2007

COVER LETTER

TO: **Registration Section Division of Corporations**

(Name of Limited Liability Company) SUBJECT:

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Chris Cona Esg. Un office of Chis Cont PA 4280 TAMIAMI TIAILE, 101 NAPLES, Mu 34/12

For further information concerning this matter, please call:

(Name of Contact Person) at (239) <u>275-9902</u> (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:** MAILING ADDRESS: **Registration Section Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 **Clifton Building** Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)



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: ACHON CONCLETE UNLIMITED LUC

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

3. The Florida document/registration number of this limited liability company is: L07000017283

MA(K W. Theisen TC, hereby resign as a MANAGE/ (Print Name of Person Resigning) (Pfint Tube 4. [. (Pfint Tule)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

7 DEC 13 AM 11:35

Signature of resigning Member, Managing Member or Manager

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

CR2E079 (5/06)