## 120000121836

(Re	equestor's Name)	)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Extreme Renovation	ons LLC
	f Limited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ning this matter to:
Jim Crouch	
(Contact Person)	<del></del>
Extreme Renovations LLC	
(Firm/Company)	
P.O. Box 41158	
(Address)	
St. Petersburg, FL 33743	
(City/State and Zip Code)	
For further information concerning this i	matter, please call:
Jim Crouch	<sub>at (</sub> 727 <sub>)</sub> 214-7561
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	ble 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
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahaccae 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 a of State is: Extreme Renovations LLC	* -	t
This limited liability company was organized ur     Florida	nder the laws of:	
3. The Florida document/registration number of th L07000021836	is limited liability company is:	
4. I, Ginger T. Martinez	, hereby resign as a MGRM	
(Print Name of Person Resigning) of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my	
Signature of Resigning Member, Managing Men Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	of Manager of Mark 12 PHII:	SECRETARY OF ST