## L01000028538

(Re	equestor's Name)			
(Ad	ldress)			
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ON OF CORPORATIONS
OF OCT 16 PM 2:52

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: United Fiberglass (Name of Limited)	Coatings, LLC Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Michelle Fischer (Contact Person)	OT OCT
United Fiberalass Coatings	s uc
P.O. Box 986 (Address)	·
Ococe FL 34761 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
Michele Fischer at (Name of Contact Person)	(467) 509-9095 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CP2P070 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as nited Fiberglass	it appears on the records of the Coatings, LLC	Florida Department
2. This limited liab	ility company was organized	under the laws of:	
	ument/registration number of 00 28538	fillis limited liability company	is:
,	ame of Person Resigning) bility company and affirm th	, hereby resign as a <b>Mar</b>	•
Signature of Res	gning Member, Managing M	fember or Manager	SECRETARY DIVISION OF C 07 OCT 16
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ED Y OF STATE Y OF PORATION PM 2: 52