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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Construction & Revovation By Pollyanna (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
James W. MCClam We. (Contact Person) ACCOMMENTATION (Contact Person)
Construction + Revoustion By Pollyama SEE FLS (Firm/Company) (Firm/Company)
(Address)
Titusully (FL 32-700 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (32) 323 4554 call (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

1. The name of the l	imited liability company as 15tn of 10n + Re	it appears on the recor	ds of the Florid	la Department
State of			SECRETAR TALLAHASS	EIL 2001 JUN 26
3. The Florida docu	ment/registration number of	this limited liability co	ompany A	2
4.1, Derwing	W Claum	hereby resign as	a Women	w D w/Wember
•	me of Person Resigning) ility company and affirm the ing.	e limited liability comp	Print pany has been i	
Aleun	Mylon			
Signature of Resig	ning Member, Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			