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(P	requestors Name)	
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DIVISION OF CORPORATION

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLOSETS BY (Name of Limited Lia	(CARLOS, LLC
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence con erning this m	atter to:
Carlos A. Arcila (Contact Person)	
Closets By Carlos, 1	
13130 SW 128 STREET #1	7
Miami, FL 33186 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Carlos A. Arcila at ((A) (Name of Contact Person)	305 ₎ 300- φ32φ rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	Florida Department of State for: \$55 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 of State is:	limited liability company as	• •	•	artment
2. This limited liab	ility company was organized	d under the laws of:		
3. The Florida doci	ument/registration number of	. f this limited liability com	ipany is:	
4. I, <u>ENRI QU</u> (Print N	E R. ALVAREZ [ame of Person Resigning]	, hereby resign as a	MGRM (Print Title)	········
of this limited lial resignation in wr	bility company and affirm th iting.	e limited liability compan	ny has been notified	l of my
Signature of Resi	gning Member, Managing N	Member or Manager		<u> <u> </u></u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			VISION OF CO
	•	100		

CR2E079 (5/06)