L07000004323

(Requestor's Name)
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: PROPANE (Name of Limited	CONTRACTORS CCC d Liability Company)
The enclosed member, managing member or mfiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
BRUNO PEDRA	2A_
(Contact Person)	
(Firm/Company)	
4161 SW ESTAV61	4 ACE
PORT ST LUCIE	FL 34953
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	1772 344 8194
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

October 25, 2007

BRUNO PEDRAZA 1161 SW EASTAUGH AVE PORT ST LUCIE, FL 34953

SUBJECT: PROPANE CONTRACTORS LLC

Ref. Number: L07000064323

We have received your document for PROPANE CONTRACTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 807A00062770

Tammy Hampton Regulatory Specialist II Registration/Qualification Section RECEIVED

NOV-1 PM 2: 02

SECRETARY OF STATE
SECRET



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 it appears on the reco			
^	ility company was organiz	ted under the laws of:		,	
<u>L070</u>	ument/registration number OOOO 4323 VO PECLED Jame of Person Resigning)	<u> </u>		Nocident OWN	er
resignation in wr	oility company and affirm	M	pany has been	notified of r	ny
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•		07 NOV -	SECKE IA