

LOT 000074006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

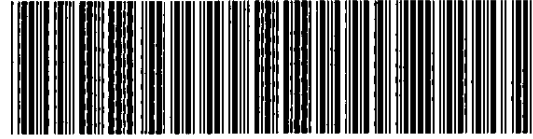
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181844829

06/14/10--01052--021 **25.00

FILED
2010 JUN 14 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUN 15 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctor Drywall & Home Repair, LLC
(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:

Gilberto Gonzalez Nunez
(Contact Person)

Doctor Drywall & Home Repair, LLC
(Firm/Company)

18818 Sunterra Drive
(Address)

Land O Lakes, FL 34638
(City/State and Zip Code)

For further information concerning this matter, please call:

Gilberto Gonzalez Nunez at (813) 390-2843
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$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

2010 JUN 14 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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 appears on the records of the Florida Department of State is: Doctor Drywall & Home Repair, LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:
L07000074006

4. I, Ana Garcia Gonzalez, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2010 JUN 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA