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	(Requestor's Name)
7	(Address)
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PICK-UI	P WAIT MAIL
	(Business Entity Name)
,	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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SECRETARY OF STATE
TALL AHASSEE FLORING

Control of the Contro

D. BRUCE

MAY 16 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KAME LOT CONSTRUCT (Name of Limited Liabi	IDN, UC lity Company)			
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submi	tted for	r	
Please return all correspondence concerning this mat	ter to:			
DANID LAWSON				
(Contact Person)				
		٦ م	0	
(Firm/Company)			 	407:2
(Film/Company)		S E	ΑY	8274
140 ISIAND WANT # 1110		SS	5	Programme.
140 ISLAND WAY # 140 (Address)			25) }
				Bra.
CLEARWATER PL 33767 (City/State and Zip Code)		OF STATE E. FLORIDA	08 MAY 15 AM 11:37	S.
For further information concerning this matter, pleas	e call:			
DAVID LAWSON at 72	27,224-6990			
(Name of Contact Person) (Are	a Code & Daytime Telephone Numb	er)		
Enclosed please find a check made payable to the Flo	\$55 Filing Fee &			
\$25 I fing I cc	Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314	ŀ		

CR2E079 (5/06)

Tallahassee, Florida 32301



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 (AMEWT WNSTRU		of the Flori	da Depai	tmen	ıt
2. This limited liab	ility company was organized	under the laws of:		SECRETARY	08 HAY 15	
3. The Florida doci 	ument/registration number of 07904 9	this limited liability com	pany is:	S OF STATE EE, FLORIDA	三 三 3	
4. 1, RICK 17	NETZ Jame of Person Resigning)	, hereby resign as a _	MUR (Print	Title)		
resignation in wr			y has been	notified (of my	,
- (gning Member, Managing M	ember or Manager		Ž		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					