## LD7000080435

(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:

L. SELLERS

JUL 22 2009

**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	·
SUBJECT: P.D. Wa Gee's Lo. (Name of Limited	mber LLC
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Travis Miller (Contact Person)	
(Contact Person)	
P.D. McGee's Lomber (Firm/Company)	LLC
(Firm/Company)	
1361 NW 704 Way (Address)	
(Address)	
Plantation FC 33: (City/State and Zip Code)	313
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Travis Miller a	t ( 954 ) 325.6607 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u></u> Ω1, 2 2 4	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
Tallahassee, Florida 32301	

CR2E079 (5/06)



June 16, 2009 -

TRAVIS MILLER 1361 NW 70TH WAY PLANTATION, FL 33313

SUBJECT: P.D. MCGEE'S LUMBER LLC

Ref. Number: L07000080435

We have received your document for P.D. MCGEE'S LUMBER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a \$25.00 filing fee for each form attached.

Please return 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) 245-6967.

Letter Number: 209A00020327

Leslie Sellers Regulatory Specialist II

Division of Compositions P.O. ROY 6327 Tallahasson Florida 32314



## 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 ap	pears on the records	of the Florida Department
of State is:	P.D. McGre's Cumber	LLC	·
2. This limited liab	oility company was organized und	ler the laws of:	
Fla	orida	· _•	
3. The Florida doc	ument/registration number of this	limited liability com	pany is:
_ L 070	00080435	<b>_</b> '	
4. I, Daniel (Print N	Dewitt  Jame of Person Resigning)	, hereby resign as a	Managing Wembel/Member (Print Title)
of this limited lia	bility company and affirm the liniting.	nited liability compar	y has been notified of my
DI	igning Member, Managing Memi	ber or Manager	
- ,		-	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)

FILED

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SECRETARY OF STATE
TALLAMASSEE FLORIDA