107000081930

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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SECRETARY OF STATE
ALLAHASSEE ET DBIA

COVER LETTER

TO: Registration Section Division of Corporations		·	
SUBJECT: Granite For (Name of Lim	Less LLC ited Liability Company)		
The enclosed member, managing member or filing.	manager resignation and fee(s) are subm	nitted for	
Please return all correspondence concerning	this matter to:		
Jonathan Bloom, (Contact Person)	Esq		•
Bloom Ballen + Feelin (Firm/Company)	3	07 NC SECRI TALLA	
2295 NW Composete Blue (Address)	d.,#117	07 NOV -7 PM 2: n' SECRETARY OF STATE VLLAHASSEE, FLORID	William State
Boca Laton FZ 3343 (City/State and Zip Code)	<u></u>	PH 2: 07	
For further information concerning this matter	r, please call:		
Tonathan Bloom (Name of Contact Person)	at (561) 864-000 0 (Area Code & Daytime Telephone Numb	ber)	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	4	
Tallahassee, Florida 32301			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability comp	any as it appears on the reco	ords of the Flo	orida Departme	nt
	oility company was org	anized under the laws of:			
L07	000081930				
4. I, Frederic F	auch Hositent of H Jame of Person Resigning)	DRUSA, Lehereby resign as	sa <u>Mana</u> (Pri	Fer + Hou	the c
	bility company and aff	irm the limited liability com			
Signature of Res	gning Member, Manag	ging Member or Manager		7.	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			07 NOV -7 PM 2 SECRETARY OF ST ALLAHASSEE, FLC	Control