

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	/ IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	· · · · · · · · · · · · · · · · · · ·
Special mendencial of ming emeci.	

Office Use Only

G. MCLEOD

UET 19 2010

EXAMINER



700184053507

10/18/10--01059--001 **25.00

10 OCT 18 PH 1:30
SECRETARY OF STATE
TALLAHASSEF, FIORINA

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations SUBJECT: Palm Beach Painters LLC DBA CertaPro Painters (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: Lisa Simpson (Contact Person) Palm Beach Painters LLC (Firm/Company) 1732 S Congress Ave Suite 327 (Address) Palm Springs FI 33461 (City/State and Zip Code) For further information concerning this matter, please call: Lisa Simpson (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 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 n Beach Painters LLC		s of the Florida Department	:
2. This limited liabi	lity company was organized	under the laws of:		
3. The Florida docu L0700094	ment/registration number of 937	this limited liability cor	npany is:	
4. I, Bruce J. Si	mpson ume of Person Resigning)	, hereby resign as a	Managing Member	
	ility company and affirm the	e limited liability compa		
Signature of Resi	gning Member, Managing M	lember or Manager	10 OCT I	•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		I 8 PH I:3	ND.