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(Requestor's Name)				
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(Business Entity Name)				
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A. LUNT				
JUN 27 2008				
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06/26/08--01019--025 **55.00

COVER LETTER

Division of Corporations
SUBJECT: APOLLO PRECISION PAINTING, L.L.C (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:
Luis Malave (Contact Person) Apollo Precision Parinting UC.
Apollo Precision Parinting UC. (Firm/Company)
(Firm/Company) 9591 Fontaineblean Bud Apt 222 Bridge Signature (Address)
Miami Flouidu 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 207 - 54 86 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 lin of State is: AP	mited liability company as i	it appears on the records	of the Florida Dep	artment
the state of	ty company was organized Flori Ju		26 P 2: 5: NRY OF STATE SSEE, FLORID	
3. The Florida docum	nent/registration number of	this limited liability com	pany is:	
4. I, <u>Daniel</u> (Print Nam	Drizan ne of Person Resigning)	, hereby resign as a _	Member (Print Title)	
of this limited liabil resignation in writing	ity company and affirm the ng.	limited liability compan	y has been notified	l of my
Signature of Resign	1— ing Member, Managing Me	ember or Manager		
Filing Fee: Certified Copy:				