## L07000110892

· (Re	questor's Name)			
(Add	dress)			
. (Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	<u>.                                    </u>			

Office Use Only



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B. Tadlock FEB 1 9 2008

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Select many (Name of Limited	facturing Services, LLC  d Liability Company)
The enclosed member, managing member or m filing.	
Please return all correspondence concerning this	is matter to:
Charles J Reigle	
(Contact Person)	
-	<del></del>
(Firm/Company)	
1240 Locust street	NE
(Address)	
St Peters burg FL  (City/State and Zip Code)	3370/
(City/State and Zip Code)	·
For further information concerning this matter,	please call:
(Name of Contact Person)	1(813) 185-0432
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u> </u>	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)



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# DIVISION OF CORPORATIONS ON TEB 18 PM 1: 40

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

1. The name of the	limited liability company as it a	ippears on the records of	the Florida Department
of State is:	elect manufac	turing Service	res LLC
or state is		<del></del>	<del></del> -
2. This limited liab	ility company was organized un	der the laws of:	
	lorida		
,		<b>_</b> ·	
	•		
	ument/registration number of thi		iny is:
6070	100110892	•	
·			_
4.1. Cha	Tame of Person Resigning)	, hereby resign as a	MGR
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial	bility company and affirm the li	mited liability company	has been notified of my
resignation in wr			
			•
	M.M.P.	,	
Signature of Pagi	igning Mambar Managing Man	sher or Manager	
Signature of Kesi	igning Member, Managing Men	iber of ivianager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		