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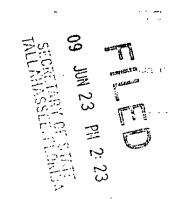
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S. HAWKES
JUN 2 4 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YORK PROJECTION (Name of Limited	CTS LLC (Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Clerk Purdy (Contact Person)	arrando manado de ser ser sen instit
(Firm/Company)	
1524 AVON MORE S	QUALE
PICKERING, ONTAKTO, CANADA (City/State and Zip Code)	<u>LIV 7H3</u>
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it is		Florida I	Depai	rtment
	ity company was organized ur	nder the laws of:	SECRETARY TALLAHASSE	09 JUN 23	Carminates,
	ment/registration number of the $00/12507$	is limited liability company is		PH 2: 23	A THE PERSON OF
4. I, Glewn (Print Nat	me of Person Resigning)	, hereby resign as a MANA	(Print Tit	MG le)	MBDL
of this limited liabi	lity company and affirm the li	mited liability company has t	een not	ified (of my
Signature of Resig	ning Member, Managing Men	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				