000116781

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



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03/03/08--01021--017 **55.00

L. SELLERS

MAR - 6 2008

EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: S.E. Tile Distributors L.L.C. (Name of Limited Liability Control of Liability Con	
The enclosed member, managing member or manager resigning.	• • •
Please return all correspondence concerning this matter to:	
Lori Kapner	_
(Contact Person)	
Procida Tile Importers	_
(Firm/Company)	
350 W Indiantown Rd	_
Jupiter, FL 33458	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Brett W. Cormier at (516	2 & Daytime Telephone Number)
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	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 CR2E079 (5/06)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 E. Tile Distributors L.L.	= =	s of the Florida Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc 	ument/registration number of 6781	this limited liability con	npany is:
4. I, Christoph	er P Eng Name of Person Resigning)	, hereby resign as a	Member (Print Title)
resignation in w	igning Member, Managing M		ny has been notified of my
Filing Fee:	\$25.00 (Required)		

CR2E079 (5/06)

2000 MAR 3 PM 12: 22
SECRETARY OF STATE