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G. MCLEOD

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EXAMINER

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: CEM REMODELING, LL	С
bedder:	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Susie Skaggs	
(Contact Person)	
John R Green Attorney At Law	
(Firm/Company)	<del></del>
PO Box 349	
(Address)	
Panama City Florida 32402	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Susie Skaggs	850 <u>215-3610</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	<b>✓</b> \$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	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a M REMODELING LI		s of the Florida De	epartn	nent 
2. This limited liab	ility company was organize	ed under the laws of:			
3. The Florida docu L08000010	ment/registration number o	of this limited liability con	npany is:		
4. I, Michele Ge	entiles ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)		
of this limited liab resignation in wri	oility company and affirm t ting.	he limited liability compa	, ,		my
Midel	Dudles				<u> </u>
Signature of Resignature Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Member or Manager		08 MAR 20 AMII:	SECRETARY OF STA