

108000039086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

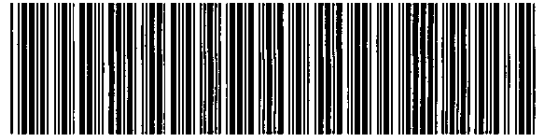
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2009 APR 22 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

APR 22 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THERMAL DYNAMICS OF CENTRAL FLORIDA LLC  
(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:

WILLIAM LAWLER  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1826 CR 543A  
(Address)

SUMTERVILLE FL 33585  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM SZARY LAWLER at (772) 215 2731  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$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

FILED  
2009 APR 22 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: THERMAL DYNAMICS OF CENTRAL FLORIDA LLC

2. This limited liability company was organized under the laws of:

THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:

208000039086

4. I, WILLIAM PATRICK SZARY LAWLOR, hereby resign as a MEMBER/OWNER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2009 APR 22 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA