## L080000040841

(Requestor's Name)				
(Address)				
(1)				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



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07/07/08--81048--005 \*\*55.00

SECRETARY OF STATE



## **COVER LETTER**

_	ion Section of Corporations				
~SUBJECT:		NHERIORS Limited Liability Compa		<u> </u>	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Patricia Heira					
	(Contact Person)				
	(Firm/Company)				
3916 6	SE 114 PL. (Address)	APTO 503			
CAPE CORAL, Fl. 33904 - 5730 (City/State and Zip Code)					
For further information concerning this matter, please call:					
PATRIC	.1 .	at (239)	878 - 042 Daytime Telephone	Number)	
Enclosed please	find a check made payat ]\$25 Filing Fee		partment of State for 5 Filing Fee & Certified Copy	or:	
STREET/COUR Registration Secondivision of Corp Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle	R D P.	fAILING ADDRE egistration Section ivision of Corpora O. Box 6327 allahassee, Florida	tions	

CR2E079 (5/06)



08 JUL -7 PM 2: 03
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: HEAVENLY INTERIORS & STONE LLC.
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2. This limited liability company was organized under the laws of:
STATE OF FLORIDA
2 The Plents 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3. The Florida document/registration number of this limited liability company is:
4. I, PARICIA HEIDA, hereby resign as a MGRM PADTIER (Print Name of Person Resigning)
(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)