

LO8000067108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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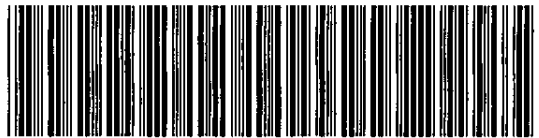
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 1 - 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baker Brick & Stone Masonry, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. *(Please remove Patricia Edwards)*

Please return all correspondence concerning this matter to:

Patricia Edwards
(Contact Person)

Baker Brick, Stone Masonry, LLC
(Firm/Company)

P.O. Box 1483
(Address)

Tallahassee, FL 32302
(City/State and Zip Code)

For further information concerning this matter, please call:

P. Edwards at (850) 228-9130
(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



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: BAKER BRICKSTONE Masonry LLC

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

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

4. I, Patricia Edwards, hereby resign as a Manager
(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.

✓ Patricia Edwards

Signature of Resigning Member, Managing Member or Manager

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

✓ Post Office Box
C/O 1483
Zallahansu 32302

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08 SEP 30 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA