1080000077372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

DICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resource Solutions Gulf Coast, 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:

Tom Stephens				
(Contact Person)				
(Firm/Company)				
5308 SW 24th Place				
(Address)				
Cape Coral, FL 33914				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Tom Stephens

_{at (}239 <u>549-998</u>

(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

CR2E079 (5/06)



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 Florid	da Depart	ment	
of State is: Res	source Solutions Gulf C	oast, LLC		,	
2. This limited liab	ility company was organized	under the laws of:	; V	2013 SEP 16	
3. The Florida docu L080000773	•	this limited liability company is:		AH 10: 32	
4. I, Thomas S S		, hereby resign as a MGRM			
(Print Name of Person Resigning)		(Princ	(Print Title)		
resignation in wr		e limited liability company has been to be a liability company has been to be a limited liability company has been to be a liab	notified o	fmy	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				