108000088188

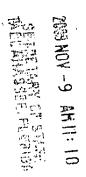
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2009

JEFFREY POLLARD 7703 GRAY MOSS LN TAMPA, FL 33619

SUBJECT: GROOMS RECONDITIONED APPLIANCES L.L.C.

Ref. Number: L08000088188

We have received your document for GROOMS RECONDITIONED APPLIANCES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A amendment can only be filed on an active company. You can file a resignation an a active or inactive company to have your name removed.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 109A00034102

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GROOMS M	Reconditioned Appliances L.L.C d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
SEFF Pollard (Contact Person)	
(Firm/Company)	To 23
1703 GRAY MOSS (Address) Tampa FL 3361	
(City/State and Zip Code)	
For further information concerning this matter, Sett Pollard (Name of Contact Person)	t (<u>B13</u>) <u>532-084/</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 lim of State is:	nited liability company as it ap OMS RECONDITIONE	opears on the records of <u>Appliances</u>	the Florida Department	
2. This limited liability	y company was organized und A	ler the laws of:		
3. The Florida docume	ent/registration number of this	limited liability compa	iny is:	Name of
4. I, <u>SEFFREY</u> (Print Name	Pollar d of Person Resigning)	, hereby resign as a	M G Print Tille).	and a
of this limited liabilit resignation in writing	ty company and affirm the limg.	nited liability company	has been notified of my	
Jeff Pollo	and Jeffrey	Polland		
Signature of Resigni	ng Member Managing Memb	per or Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)