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Office Use Only

EXAMINER



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SECREBAY OF STATE

COVER LETTER

Division of Corporations SUBJECT: ONE STOP CONCRETE RESTORATION AND WATERPROOFING, 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: RAMON MUNOZ (Contact Person) (Firm/Company) 17955 NW 43 COURT (Address) MIAMI GARDENS,FL 33055 (City/State and Zip Code) For further information concerning this matter, please call: RAMON MUNOZ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please, find a check made payable to the Florida Department of State for: \$55 Filing Fee & \$25 Filing Fee **Certified Copy** STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

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TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		it appears on the records of the RESTORATION AND WA	
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc 	•	f this limited liability company i	is:
4. I, RAMON MUNOZ		, hereby resign as a MAN	NAGER
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	• •	e limited liability company has	been notified of my
Lam	1 Maria		
	igning Member, Managing N	1ember or Manager	
Filing Fee:	\$25.00 (Required)		TAL
Certified Copy:	\$30.00 (Optional)		