L08000098007

(Requestor's Name)				
(Address)				
(Address)				
(1888-823)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Conditional Commission Conditionates of Chapter				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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2009 JAN 29 PH 3: I

C. LEWIS
JAN 3 0 2009
EXAMINER

COVER LETTER

SUBJECT: Encold Coast Remodel & Repair, 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:
(Contact Person)
Emerald Coast Remodal & Repair, LLC. (Firm/Company)
P.O. Box 907Z (Address)
Panama City Brack, FL 32417

For further information concerning this matter, please call:

(City/\$tate and Zip Code)

(Name of Contact Person) at (850) 252-527 2 (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 & Plane 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)

TO:

Registration Section **Division of Corporations**



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
2009 JAN 29 PM 3: 14
DECEMBERATY OF CLASSE
TALLAHASSEE, FLORIDA

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

1. The name of the l	imited liability company as it	appears on the records	of the Florida Department
of State is:	nerald Coast f	Remodel & R	epair, LLC.
	lity company was organized un		
	ment/registration number of th	is limited liability com	npany is:
4. I, Dovid	-Ba-b- ume of Person Resigning)	, hereby resign as a	Manager (Princille)
of this limited liab resignation in writ	ility company and affirm the li	imited liability compar	ny has been notified of my
Signature of Resig	gning Member, Managing Mer	mber or Manager	,
_	\$25.00 (Required) \$30.00 (Optional)		