## L09000010088

(Requestor's Name)			
(Address)			
(Address)			
(1441035)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
· · · · · ·			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
ALLAHASSEE, FLORIBA

S. HAWKES
NOV 2 0 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	DINIETO LLO
SUBJECT: COMMONWEALTH CA (Name of Limite	ed Liability Company)
The enclosed member, managing member or rafiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Alexander J. Cafaro	
(Contact Person)	
Commonwealth Cabinets LLC.	
(Firm/Company)	
3406 Commonwealth Ave.	
(Address)	· · · · · · · · · · · · · · · · · · ·
Jacksonville, Fl. 32254	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Alexander J. Cafaro	<sub>at (</sub> 904 <sub>)</sub> 384-3119
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassos, i ionaa <i>323</i> 17

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			ORLA
	limited liability company as MMONWEALTH CA	* *	s of the Florida Department
2. This limited liabi	ility company was organize	d under the laws of:	
3. The Florida docu L0900010	ment/registration number o	of this limited liability con	npany is:
4. I, Paul W. Ve	etter ame of Person Resigning)	, hereby resign as a	Manageing member
of this limited liab resignation in wri	oility company and affirm th		
Pal 4	V. Vetto.		
	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		