## L0900015033

(Requestor's Name) . (Address)	400160839134
(City/State/Zip/Phone #)	09/22/0901008001 **25.00
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	ter o
Special Instructions to Filing Officer:	

L. SELLERS

SEP 28 2009

**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Affordable Covers & M	Nore, LLC
	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Ira Joshua Parker, President	
(Contact Person)	
Affordable Covers & More, LLC	
(Firm/Company)	
4115 Lamson Avenue	
(Address)	
Spring Hill, FL, 34608	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Ira Joshua Parker	at ( 727 ) 455-7734 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
<b>V V V V V V V V V V</b>	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	rananasse, rionaa 325 14

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ordable Covers & More	• •	of the Florida Department
2. This limited liab Florida	ility company was organized u	nder the laws of:	
3. The Florida docu L09000015	nment/registration number of th	nis limited liability con	npany is:
	ward Hicks, Jr. ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited lial resignation in wr	oility company and affirm the liting.	imited liability compar	ny has been notified of my
	Hile Jr. gning Member, Managing Men	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

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SECRETARY OF STATE