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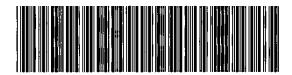
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: CARPET KIN 6 DOM 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:
LISA MAHONEY (Contact Person)
CARPET KINGDOM LLC (Firm/Company)
9440 OSCEOLA Dr (Address)
New Port Richey F1 34654 (City/State and Zip Code)
For further information concerning this matter, please call:
LISA MAHOWEY at 727 919 - 0466 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 lin of State is:	mited liability company as it appears on the records of the Florida DEARPET KINGDOM LLC	epartr	ment
2. This limited liability FLOCIDA	ty company was organized under the laws of:		
	ent/registration number of this limited liability company is:		
4. I, <u>Daniel</u> (Print Nam	J. MAHONEY, hereby resign as a Print Title)		
resignation in writing	ity company and affirm the limited liability company has been notifing. In the limited liability company has been notified. In the limited liability company has been notified. In the limited liability company has been notified.	ed of	`my
	\$25.00 (Required)	09 MAY 13 1	SECRETARY