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(Re	equestor's Name)		
(Ad	dress)		
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Cit	y/State/Zip/Phon	o #0	
(Only/State/Zip/Filone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
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	and Minakan		
(DC	cument Number)		
Certified Copies	_ Certificates	s of Status	
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Special Instructions to	Filing Officer		
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FILED

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SECRETARY OF STATE
TALLAHASSEE FINE

S. HAWKES

MAR 2 6 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Affiliated Restoration and	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
James A. Singler	
(Contact Person)	
Keating, Muething & Klekamp PLL	
(Firm/Company)	
One East Fourth Street, Suite 1400	<u> </u>
(Address)	
Cincinnati, Ohio 45202	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
James A. Singler at	<u>(513)</u> 639-3961
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for
\$25 Filing Fee	\$55 Filing Fee &
V \$25 1 mmg 1 00	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
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

		s it appears on the records o	f the Florida Department FING OF FLORIDA, CC	ン
2. This limited liab	ility company was organize	ed under the laws of:		
<u> </u>	ument/registration number (of this limited liability comp	any is:	
4.1, JOH~	LETCIE	, hereby resign as a ∠	MI-MBLR (Paint Title)	
of this limited lia resignation in wr	bility company and affirm t	he limited liability company		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			