09000046100

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J. BRYAN

NOV 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations
SUBJECT: Schear Hampton Drywall 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:
Jim B Snik (Contact Person)
Schear Hampton Drywall LLC PER 3 T
925 MASON Red Suite 101 Prog 3
- Koty Texas 77450 EEE &
For further information concerning this matter, please call:
Name of Contact Person) at (239) 994 4220 (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 & 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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as		of the Florida De	epartment
of State is:	Schear Hampto	n DrywA/1	110	a .
		, .	ALL	智力
	bility company was organized	l under the laws of:	至	7 7
<u> </u>	orida	·	38.5 14.1	A TO
			in in	3
3. The Florida do	cument/registration number of	f this limited liability comp	pany is:	選言
L090	00046100	.	•	D.,
4. I, <u>Jef</u> (Print	PS Walls Name of Person Resigning)	, hereby resign as a _	MANAGE (Print Title)	
	ability company and affirm th			
	A TOTAL			
Signature of Re	signing Member, Managing N	Member or Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)