

L09000087802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

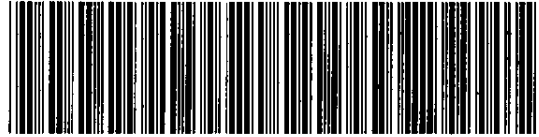
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/09--01013--010 **55.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 21 AM 11:26

T. HAMPTON

OCT 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contractor source LLC d.b.a. Cabinet Source
(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:

Brenton Mongan
(Contact Person)

Contractor Source LLC d.b.a. Cabinet Source
(Firm/Company)

715 Parkview Lane
(Address)

Naples, FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenton Mongan at (239) 287-2805
(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

☒ \$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**

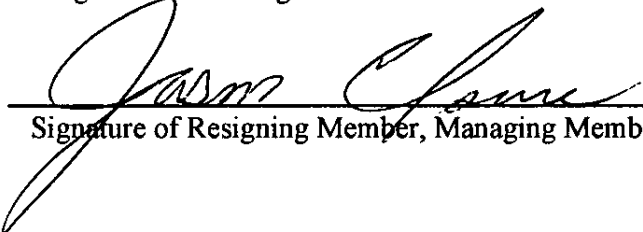
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CONTRACTOR SOURCE LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L09000087802

4. I, Jason Clover, hereby resign as a Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)



October 08, 2009

I Jason Clover herby affirm that I have received all compensation due me by Contractors Source LLC, its members and affiliates. No promises of future compensation or work have been made. I also relinquish any current or future participation or ownership in Contractor Source LLC.

Jason Clover
Jason Clover
Jason Clover

Name Printed

10/14/09

Date

[Signature]

Witness

10-14-09

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 21 AM 11:29