## 1000093722

|                   | (Requestor's Name)    |           |  |  |  |  |  |
|-------------------|-----------------------|-----------|--|--|--|--|--|
|                   | (Address)             |           |  |  |  |  |  |
|                   | (Address)             |           |  |  |  |  |  |
|                   | (City/State/Zip/Phone | e #)      |  |  |  |  |  |
| PICK-UF           | P ☐ WAIT              | MAIL      |  |  |  |  |  |
|                   | (Business Entity Nan  | ne)       |  |  |  |  |  |
| (Document Number) |                       |           |  |  |  |  |  |
| Certified Copies  | Certificates          | of Status |  |  |  |  |  |
|                   |                       |           |  |  |  |  |  |

Special Instructions to Filing Officer:

L. SELLERS
MAR 1 5. 2010

**EXAMINER** 

Office Use Only



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03/12/10--01014--007 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

| Division of Corporations                                |  |
|---|--|
| SUBJECT: Veterans Heating and Air                       | rLLC   |
|   | Liability Company)   |
| The enclosed member, managing member or managing.       | anager resignation and fee(s) are submitted for  |
| Please return all correspondence concerning this        | s matter to:   |
| Henry G Bernreuter                                      |  |
| (Contact Person)  |  |
| Veterans Heating and Air LLC                            |  |
| (Firm/Company)  |  |
| 5 Beverly Hills Blvd                                    |  |
| (Address)   |  |
| Beverly Hills FL 34465                                  | • .  |
| (City/State and Zip Code)                               | - All Control of the state of t |
| For further information concerning this matter,         | please call:   |
| Henry G Bernreuter                                      | 4002736  |
| (Name of Contact Person)                                | (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to t          | he Florida Department of State for:  |
| \$25 Filing Fee   | \$55 Filing Fee &  |
| <b>B</b> andan-parl                                     | Certified Copy   |
| STREET/COURIER ADDRESS:                                 | MAILING ADDRESS:   |
| Registration Section                                    | Registration Section   |
| Division of Corporations                                | Division of Corporations   |
| Clifton Building  | P.O. Box 6327  |
| * AF  | Tallahassee, Florida 32314   |
| 2661-Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314   |



## 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 erans Heating and Ai |                            | s of the Flor | rida Der                  | oartm     |     |
|--|---|----------------------------|---------------|---------------------------|-----------|-----|
|  |   | <i>*</i>                   | t;            | 4                         |           |     |
| 2. This limited liab Florida             | ility company was organized                       | under the laws of:         |               |                           |           | · . |
| 3. The Florida docu<br>L09000093         | ument/registration number of<br>3722              | this limited liability con | npany is:     |                           |           |     |
| 4. I, SCHNEID                            | ER, TERRI L                                       | , hereby resign as a       | Manage        | er                        |           |     |
|  | ame of Person Resigning)                          | ,,                         | (Pri          | nt Title)                 |           | _   |
| of this limited lia<br>resignation in wr | bility company and affirm the iting.              | e limited liability compa  | ny has beer   | n notifie                 | d of r    | ny  |
| 15                                       | L   |                            |               |                           |           |     |
| Signature of Resi                        | gning Member, Managing M                          | lember or Manager          |               |                           |           |     |
| Filing Fee:                              | \$25.00 (Required)                                |                            |               | SE<br>TAL                 | 10        |     |
| Certified Copy:                          | \$30.00 (Optional)                                |                            |               | CRETARY OF<br>LAHASSEE. F | MAR II PM |     |
|  |   |                            |               | L'S                       | ~         | C   |

CR2E079 (5/06)