## 2090000987/3

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## **COVER LETTER**

. . . %

TO: Registration Section Division of Corporations		
SUBJECT: TROSHE SERVICE CENTERS, L (Name of Limited Liability Con		
The enclosed member, managing member or manager resig filing.	gnation and fee(s) are submitted	for
Please return all correspondence concerning this matter to:		
SHERYL BELL	-	
(Contact Person)	<u> </u>	2012
(Firm/Company)	AllAs	1 1 L 1 SEP -4
14805 BRADY ROAD		•
- (Address)	STAT	で の の の の の の の の の の の の の の の の の の の
CHESANING, MI 48616	25 (21)	8
(City/State and Zip Code)		
For further information concerning this matter, please call:		
SHERYL BELL at ( 386	847-4285	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy	
Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
CR2E079 (5/06)		



## 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 OSHE SERVICE CE		is of the Flori	da Dep	artment
2. This limited liabi	lity company was organized	l under the laws of:	ALLAHA ALLAHA	2012 SEP4	· <b>- 31</b>
3. The Florida docu L09000098	ment/registration number of	f this limited liability co	mpany STATI	· 4 PM 第 00	LED
4. I, SHERYL E	<del></del>	, hereby resign as a	MGRM		<del></del> .
•	ame of Person Resigning)  bility company and affirm the ting.		(Print	<i>Title)</i> notified	i of my
Signature of Resi	gring Member, Managing N	dember or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				

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