10900011920

(Requestor's Name)				
(Address)				
(,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_	_	_		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
	,	,		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
		<u> </u>		
Special Instructions to Filing Officer:				





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05/19/10--01021--002 **25.00

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S. HAWKES MAY 2 0 2010

EXAMINER

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Ward's Flooring, LLC		
	(Name of Limited	Liability Company)	
The enclose filing.	d member, managing member or ma	anager resignation and fee(s) are submitted for	
Please return	n all correspondence concerning thi	s matter to:	
Ellen Stu			
	(Contact Person)		
Ward's F			
	(Firm/Company)		
2405 Lig	ustrum Rd		
	(Address)		
Jackson	ville, FL 32211		
	(City/State and Zip Code)		
For further i	information concerning this matter,	please call:	
Ellen Stu	ırgis a	t 904 651-4133	
(1	Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed pl	ease find a check made payable to t	he Florida Department of State for:	
	\$25 Filing Fee	\$55 Filing Fee &	
		Certified Copy	
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:	
Registration	Section	Registration Section	
	Corporations	Division of Corporations	
Clifton Buil		P.O. Box 6327	
	tive 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 FI ORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as rd's Flooring	it appears on the records of the Florida Department
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct	ument/registration number of	f this limited liability company is:
4. I, Ellen Sturgis		, hereby resign as a Manager (Print Title)
`	• •	e limited liability company has been notified of my
	igning Member, Managing N	fember or Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CR2E079 (5/06)