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J. BRYAN

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EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Florida Foundation Re	epair LLC
	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Lisa Reichard	
(Contact Person)	, mi2
Florida Foundation Repair LLC	ALLE SEI
(Firm/Company)	22
10330-403 Chedoak Court	TALLAN SEP 20 AM 11: 3
(Address)	
Jacksonville, FL 32220	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Lisa Reichard	at (803) 337-3200
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ununussee, i londu sasi .

CR2E079 (5/06)



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 of State is: Flo	limited liability company as rida Foundation Repa	it appears on the records of	f the Florida Departmen
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct	ument/registration number of	this limited liability compa	any is:
4. I, Ron Sluder (Print Name of Person Resigning)		, hereby resign as a N	Member / MGRM (Print Title)
of this limited lial resignation in wr	pility company and affirm the ting.	e limited liability company	has been notified of my
Ronald Signature of Resi	gning Member, Managing M	lember or Manager	••• •
Filing Fee:	\$25.00 (Required)		THE SEP 2
Certified Copy:	\$30.00 (Required) \$30.00 (Optional)		20 AMII:31