	(Red	questor's Name)	
	(Add	iress)	
	(Add	dress)	
	(City	//State/Zip/Phon	e #)
PICK	-UP	☐ WAIT	MAIL
	(Bus	siness Entity Na	me)
	(Doc	cument Number	)
Certified Copies _		Certificate	s of Status

Special Instructions to Filing Officer:

L. SELLERS

MAR 17 2011

**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Whoms

## **COVER LETTER**

Division of Corporations	
SUBJECT: Custom Glass Fa (Name of Limited)	bnicators, LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Angela O. Soto (Contact Person)	<del>,, , </del>
Custom GASS (Firm/Company)	
2400 E. Commercial Blvd (Address)	Suite 400
FT. Lauderedale FC 3 (City/State and Zip Code)	3308
For further information concerning this matter, p	please call:
A NO ELA SOTO at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the X \$25 Filing Fee previously Submitted	e Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



February 17, 2011

OSCAR SOTO ESQ SOTO LAW GROUP LLC 2400 E. COMMERCIAL BLVD., STE. 400 FORT LAUDERDALE, FL 33069

SUBJECT: CUSTOM GLASS FABRICATORS, LLC

Ref. Number: L10000009450

We have received your document for CUSTOM GLASS FABRICATORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 211A00004175



## 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 it Custom 6 lass			epartment
	ility company was organized ι κίdα	under the laws of:		
	ument/registration number of t	his limited liability con	mpany is:	
4.1, ANGEL	ame of Person Resigning)	, hereby resign as a	Manage (Print Title,	<u>R</u>
resignation in wr	pility company and affirm the Ding.  gning Member, Managing Me	· · · · · · · · · · · · · · · · · · ·	iny has been notif	ied of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETA TALLAHA	11 MAR

CR2E079 (5/06)