L10000027496

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies · Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
ANALYSEEF FI ORIDE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C.F. Design & Renovations LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Vincent J. Flora III. (Contact Person)
CF. Design & Renovations LLC (Firm/Company)
12883 SE Hobe Hills Brive
Tobe Sound, FL 33/55: (Cily/State and Zip Code)
For further information concerning this matter, please call:
Vincent Flora at (561) 309-9832 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301





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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		s it appears on the records of	
of State is:	.F. Designs 3 t	Renovations LLC	
	J		
2. This limited liab	ility company was organized	d under the laws of:	
Horida			
3. The Florida docu	ument/registration number o	of this limited liability compa	any is:
L100000	27496	 •	
4.1, Dominic	. FLORA	, hereby resign as a	lanager
(Print N	ame of Person Resigning)		(Print Title)
	* * *	he limited liability company	has been notified of my
resignation in wr	iting.		
f-/			
1			
Signature of Resi	gning Member, Managing I	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		