

L10000035709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

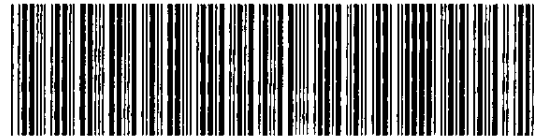
Special Instructions to Filing Officer:

A. LUNT

MAY 11 2010

EXAMINER

Office Use Only



700207296727

700207296727
05/09/11--01052--005 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -9 PM 3:20

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Composite Research & Manufacturing, 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:

Richard L. Hill

(Contact Person)

(Firm/Company)

9111 Southmont Cove #404

(Address)

Fort Myers, FL 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard L. Hill

(Name of Contact Person)

at (239) 481-6446

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2011 MAY -9 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department
of State is: Composite Research & Manufacturing, LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:
L10000035709

4. I, Richard L. Hill, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2011 MAY -9 PM 3:20
TALLAHASSEE, FLORIDA