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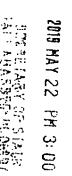
COVER LETTER

TO:	~	stration Section ion of Corporations			
SUBJ	SKILLED WITH ALL TRADES, LLC				
	(Name of Limited Liability Company)				
The er	nclosed	l member, resignation or dis	ssociatio	n and fee(s) are submitted for filing.
Please	e return	all correspondence concern	ning this	matter to:	
DAVI	D J BE	ELANGER			
		(Contact Person)			_
SKILI	LED W	VITH ALL TRADES, LLC			
		(Firm/Company)			<u> </u>
978 E	ENGLI	SH TOWN LANE, #206			_
		(Address)	•		
WINT	TER S	PRINGS, FL 32708			
+		(City/State and Zip Code)			
For fu	irther is	nformation concerning this	matter, p	please call	:
DAVI	ID J BI	ELANGER	at	407	486-1637
	(N	lame of Contact Person)		(Area Cod	c & Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made paya g Fee			Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:			MAILING ADDRESS:
		Section Corporations			Registration Section Division of Corporations
	n Buile	•			P.O. Box 6327
2661	Execut	tive Center Circle Florida 32301			Tallahassee, Florida 32314

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

SKI	limited liability company as it appears on the records of the Florida Department LLED WITH ALL TRADES, LLC
2. The Florida doct L1000007326	ument/registration number assigned to this limited liability company is:
3 The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, COBERT T.	
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	Associating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)