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T. HAMPTON

#### **COVER LETTER**

Registration Section TO: **Division of Corporations** 

Phenix Specialty Films, 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:

#### Joseph Dobinski

(Contact Person)

### Phenix Specialty Films, LLC

(Firm/Company)

#### 940342 Old Nassauville Road

## Fernandina Beach, FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Dobinski

(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

\$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

CR2E079 (5/06)



## 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 enix Specialty Films, L	it appears on the records of the Florida Department LC
2. This limited liab The State o	ility company was organized f Florida	l under the laws of:
3. The Florida docu L10000097		f this limited liability company is:
4. I, David William Salerno (Print Name of Person Resigning)		, hereby resign as a Managing Member (Print Title)
of this limited lia resignation in wr	bility company and affirm th	te limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	12 DEC 2