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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: JUNE FLORING S (Name of Limited L	TYWNG, LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
TIM JONES (Contact Person)	
June FLORING STYDIV (Firm/Company)	ing, LLC
3800 CHALET SWAMMES DR	· ,
LARE WALES FL 3. (City/State and Zip Code)	<u>3659</u>
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
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

	-	y as it appears on the reco		la Departm	nent
2. This limited liabi	lity company was organ	ized under the laws of:			
	ment/registration number	er of this limited liability o	company is:		,
4. I, CHALET S	MZANNS AVATO me of Person Resigning)	NC, hereby resign as	s a MANGIT	UG MEM Title)	<u>√</u> 86€
resignation in writ	- • •		pany has been n	otified of a	my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		in della	12 FEB 17 A	the company