11000010023

(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:				

Office Use Only



900202270979

04/21/11--01028--006 **25.00

T. HAMPTON

APR 2 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: All Heating and Cooling, L	
'\	nationary Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Thomas Simmons	
(Contact Person)	
All Heating and Cooling, LLC	
(Firm/Company)	
1283 Madelena Ave	
(Address)	
Winter Springs, Fl. 32708	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Thomas Simmons at (407 404-0537
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
•	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 i Heating and Cooling,		of the Florida Department
2. This limited liab	sility company was organized	under the laws of:	
3. The Florida doc L1100001	ument/registration number of 0023	this limited liability comp	pany is:
4. I, Joseph Di		, hereby resign as a _	MGRM
•	lame of Person Resigning) bility company and affirm the iting.	limited liability company	(Print Title) y has been notified of my
	god Quan igning Member, Managing M	ember or Manager	
/ organizate of ites	The month of the state of the s	emote of manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		