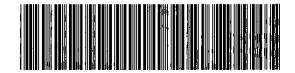
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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TILLI ME OF STATE SECRETARY OF STATE

C. LEWIS

JUL 1 2 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Master Remodeling Solution (Name of Limite	ution LLC ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
Ramon Lantes	·
(Contact Person)	
Master Remodeling Solution	
(Firm/Company)	
8014 s meadowview cir	· ·
(Address)	
Tampa Florida 33625	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Ramon Lantes	at (813) 477-0395
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
✓ \$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)



FILED

2011 JUL 11 PM SE 07

SECRETARY 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

	limited liability company as it ster Remodeling Solut		of the Florida Department
2. This limited liab Florida	ility company was organized u	under the laws of:	
3. The Florida docu L11000023	ment/registration number of t	his limited liability com	apany is:
4. I, Raul Herre	era ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
resignation in-wr			ny has been notified of my
Signature of Resi	gning Member, Managing Mo	ember or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		