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ALLAHASSEE, FLORIDA

## **COVER LETTER**

- Division of Corporations
SUBJECT: BUILDING AMERICA LAC.  (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:
SHARON STALATO (Contact Person)
(Contact Person)
Building Amenica LLC. (Phrm/Company)
140 5W 15TH ST. (Address)
Pomparo BEACH, FL, 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
SHARON SILLATO at (954) 448 3502.  (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 \$  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compan			orida Department
of State is:	BUILDING	AMERICA	LLC.	
2. This limited liab	ility company was organ		4	12 007 15 PH
3. The Florida docu	ment/registration numb	er of this limited liabil	ity company is:	الم بن ميت
1.110	1000 30 10 11			CORNER 34
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4. I, UREGOR	SILLATO ame of Person Resigning)	, hereby resig	gn as a MAN1	agen.
(Print N	ame of Person Resigning)		(Pr	rint Title)
of this limited liab resignation in wri	oility company and affira	m the limited liability	company has bee	n notified of my
John	As .		_	
Signature of Resi	gning Member, Managir	ng Member or Manage	er	
		5. C		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			