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DEPARTMENT OF MATERIORS
DIVISION OF CURPORATIONS
TALLARCASSFE, FLORIDA

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SECRETARY OF STA

D. BRUCE
JUN 03 2011
EXAMINER

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations				
SUBJECT: REMORA CONTRACTION			_	
(Name of Lim	ited Liability Co	ompany)		
The enclosed member, managing member or filing.	manager resi	gnation and fee(s) are submitte	d for	
Please return all correspondence concerning	this matter to	:		
JAMES COX				
(Contact Person)		_		
REMORA CONTRACTING LLC				
(Firm/Company)				
1500 S. DIXIE HIGHWAY		<del></del> <del></del> <del></del> <del></del> <del></del> <del></del>		
(Address)	•	É	=======================================	
POMPANO BEACH, FL 33060		AHAS	<b>JUN</b> - 3	2 MARCH
(City/State and Zip Code)		∃S:S Y	.نت	
For further information concerning this matter	er, please call	: F.C.	ë F	C
JAMES COX	at ( 800	、 <b>551-1596</b>	(1) (2)	
(Name of Contact Person)		e & Daytime Telephone Number)	-	
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: \$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 32301		Tallahassee, Florida 32314		



## 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 ap MORA CONTRACTING LL		Florida Department
2. This limited liabi	lity company was organized und	er the laws of:	SECKE
3. The Florida docu			OF SIL
4. I, WILLIAM D	EELY	, hereby resign as a PRIN	ICIPAL MANAGER
(Print Na	ime of Person Resigning)	,	(Print Title)
resignation in wri			been notified of my
Signature of Resig	gning Member, Managing Memb	er or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		