## L11 0006 36659

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            | <del></del> |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |                       |
|---|-----------------------|
| SUBJECT: Wilking Flooring LLC (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:   |                       |
| Kyle Samuels (Contact Person)   |                       |
| Wilkins Flouring LLC (Firm/Company)   |                       |
| 75 victoria Dr.   |                       |
| North Fort Myers, FL 33917 (City/State and Zip Code)  | il su <del>ga</del> t |
| (City/State and Zip Code)  For further information concerning this matter, please call:   | d<br>Tares<br>States  |
| Kyle Samuels at 239, 222-78778 (Area Code & Daytime Telephone Number) 5   | 3/1050<br>2 = -10     |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S}} \sum_{\text{T}} \sum_{\tex |                       |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 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

| 1. The name of the limited liability company as it appears on the records of the Floring of State is:    Wilking Floring LLC   | ida Depar                 | tment . |
|--|---------------------------|---------|
| 2. This limited liability company was organized under the laws of:   |                           |         |
| 3. The Florida document/registration number of this limited liability company is:  |                           |         |
| 4. I, Elizabeth Wilkins, hereby resign as a Merchy resign as a (Print Name of Person Resigning) (Print of this limited liability company and affirm the limited liability company has been resignation in writing. | >x 2                      | Times   |
| Signature of Resigning Member, Managing Member or Manager  | Y OF STATE<br>EE. FLORIDA |         |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)