#L/1000087263

(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



100213156421

10/14/11--01004--007 **25.00

HOOT IN PH 1: 24

K. SALY EXAMINER OCT 18 2011

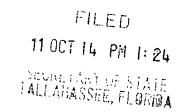


CR2E079 (5/06)

COVER LETTER

Division of Corporations			
SUBJECT: S & S Creative Woodwor			
(Name of Limited	Liability Company)		
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning thi	s matter to:		
Kenneth P. Kuester			
(Contact Person)			
S & S Creative Woodworks, LLC			
(Firm/Company)			
P.O. Box 12267	Species of the second		
(Address)	· · · ·		
Jacksonville, FL 32209			
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
Kenneth P. Kuester at	904 354-7873		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the			
\$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			





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		company as it appe Woodworks, L	ars on the records of th	ne Florida Department
2. This limited liab Florida	ility company wa	as organized under	the laws of:	
3. The Florida doct L11000087 4. I, Ken Kuest	7263		nited liability company ereby resign as a MG	
4. 1, (Print N	ame of Person Resig	gning), n	ereby resign as a	(Print Title)
	oility company a		d liability company ha	,
Signature of Resi Filing Fee: Certified Copy:	ghing Member, I \$25.00 (Requ \$30.00 (Optic		or Manager	