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COVER LETTER

	Legistration Section Division of Corporations		
SUBJEC			
	(Name of Lin	nited Liability Co	mpany)
The encl	osed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to:	
Richard	Cartwright		
	(Contact Person)		_
Souther	rn Flooring Group, LLC		
	(Firm/Company)		_
501 Wi	ldwood St		
	(Address)		_
Mary Es	sther, Fl. 32569		
	(City/State and Zip Code)		
For furth	ner information concerning this matt	er, picase call:	
Richard	l Cartwright	850 at (699-1724
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	d please find a check made payable liling Fee		Department of State for: g Fee & Certified Copy
Registra Division Clifton E 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Sou	hern Flooring Group, LLC
2. The Florida doc	ment/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:
VP	
<u></u>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Centilieu Copy:	\$50.00 (Optional)