-L11000098302

(I	Requestor's Name)			
(Address)				
(/	Address)			
((City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(i	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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COVER LETTER

Division of Corporations	
SUBJECT: BLANK CANVAS IN	TERIORS, LLC
~	Limited Liability Company)
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ing this matter to:
CLUETHINE SMITH	
(Contact Person)	
BLANK CANVAS INTERIORS	, LLC
(Firm/Company)	
1201 BAY VIEW WAY	
(Address)	•
WELLINGTON, FL 33414	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
CLUETHINE SMITH	at (561) 543-9553
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	Columed 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

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 i		s of the Florida Depa	artment
	ility company was organized DECORATING SERV			
3. The Florida docu L11000098	ment/registration number of the state of the	this limited liability con	npany is:	
4. I, GINNY BA	TTAGLIA ame of Person Resigning)	, hereby resign as a	MANAGER (Print Title)	
	oility company and affirm the	limited liability compa	,	of my
Signature of Resig	ning Member, Managing Me	mber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)