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SAULSBERRY EXAMINER APR 22 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Corevell Cu (Name of Limited)	Stoms LC Liability Company)
The enclosed member, managing member or manafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Victor T. Core well (Contact Person)	, ,,
Corevell Castoms	1/0
9344 Cumber/And J.	Le De.
JACKGONVILLE FLORE. (City/State and Zip Eode)	da 31257
For further information concerning this matter, p	lease call:
(Name of Contact Person) at	(904) 352-5005 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327

AH 8: 32

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle 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 l	imited liability company as it appears on the records of the Flo	rida Depar	tment	
2. This limited liabi	lity company was organized under the laws of:	MILANDA LARY	2013 APR 19	
	ment/registration number of this limited liability company is:	E EL GRIPS	AM 8: 32	la de la constante de la const
4. I, Troma (Print Na	me of Person Resigning), hereby resign as a MANA	int Title)	10a <u>:</u>	bee
of this limited liab resignation in writ	ility company and affirm the limited liability company has been ting.	n notified o	of my	
Signature of Resignature	ening Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			