1-120000/3477

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Linty Name)				
(Document Number)				
<u> </u>				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ASAP Home Renovation (Name of Limited	I 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:			
Michael B BOSCITET	SECORE ALL AREA			
(Contact Person)	ASSE			
ASAP Home Renovations (Firm/Company)	,LLC TO I			
	95 9 5			
1623 Brooksbend dl. (Address)				
Wastey Chapel, Fl. 3354	<u>る</u>			
For further information concerning this matter,				
Michael ROSCHE as (Name of Contact Person)	t (<u>813</u>) <u>355-1442</u> (Arca Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	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

	mited liability company as it ap		of the Florida Dep	oartment
2. This limited liabili	ity company was organized und	ler the laws of:	<u>ني کار</u>	2812 500 - 8
	nent/registration number of this	•	(m (/)	
	L ROSCIES ne of Person Resigning) lity company and affirm the lin			
resignation in writi	ng. Fault Souther ning Member, Managing Memb	per or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			