12000091541

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	- WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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07/16/12--01042--013 **25.00

12 JUL 16 PH 1:30

B. BOSTICK

JUL 17 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: S+K Remoci (Name of Limited Liability C	Company)
The enclosed member, managing member or manager restilling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
Rena Burke (Contact Person)	
SWAPPY TAX (Firm/Company)	
	3370/ HALLAHAS 1
(City/State and Zip Code)	S on S
For further information concerning this matter, please ca	FLORIDA
Ben Burke at (95) (Name of Contact Person) (Area Co	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company	as it appears on the recor	rds of the Florida Department
of State is:	AK Remo	deling CCC	<u> </u>
:			
2. This limited liab	ility company was organiz	zed under the laws of:	
3. The Florida docu	nment/registration number	of this limited liab ility c	company is:
4.1, KEITH (Print N	WAKEFIELD ame of Person Resigning)	, hereby resign as	a <u>Member</u> MARM
of this limited liab resignation in wri		the limited liability comp	pany has been notified of my
Signature of Resi	gring Member, Managing	Member or Manager	12 JUL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		16 PH 1:3