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B. BOSTICK
MAY - 9 2012
EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Nature Coast Masonry, LLC (Name of Limited Liability Company)			
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Anthony Bonanno (Contact Person)			
Noture Coast Masonry, LLC			
5101 SW 60th St. Rd. Apt. 2807			
Ocala, F1. 34474			
(City/State and Zip Code)  For further information concerning this matter, please call:	3 (0 8)		
Anthony Bonandat (352) 287-499 (Area Code & Daytime Telephone Number)	₹ <sub>ve</sub> ,		
Enclosed please first a check made payable to the Florida Department of State for:  \$25 Filing Fee  Certified Copy			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations  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

1. The name of the of State is:	limited liability company as it a	appears on the records of 105000 LI	of the Florida Depa LC	rtment
2. This limited liab	lity company was organized un	der the laws of:		
<b>~</b> .	ment/registration number of thi	s limited liability comp	pany is:	
4. I, <u>Antho</u> (Prim No.	ONY J. BONAN ume of Person Resigning)	hereby resign as a	Manager (Print Fille)	Member.
resignation in with	Jones		y has been notified	<u>.</u>
Filing Fee: Certified Copy:	gring Member, Managing Mem \$25.00 (Required) \$30.00 (Optional)	ider of ivianager	CHELDARY OF STA AHASSEE, FLOR	Comment of the second of the s