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Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)471-0894

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**EXAMINER** 

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CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as a sure Coast Tools, LL		s of the Florida Department
2. This limited liabi Florida	lity company was organized	under the laws of:	
3. The Florida docu L12000094	ment/registration number of 494	this limited liability con	mpany is:
4. I, Peggy Drav	vis	, hereby resign as a	Managing Member
·	me of Person Resigning) ility company and affirm the ing.	limited liability compa	(Print Title) my has been notified of my
Signature of Kesig	Marion ming Member, Managing Me	ember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		12 NO