## L12000095437

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only State Elph Holle 11)				
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(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CRAFTMASTERS Paid (Name of Limited Liability)	pesty Manacence y Company)
The enclosed member, managing member or manager of filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
William Proples (Contact Person)	
CRAFTMASTERS (Firm/Company)	
100 EAST Z4 + ST (Address)	CERT AND ENTER OF STATE OF STA
RIVIERA BEACH FL 334 (City/State and Zip Code)	<u>to4</u>
For further information concerning this matter, please of	eall:
William Peoples at (State (Area (	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring Fee	da Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

			s of the Florida Department
	lity company was organiz		
L1200	0095437		
	oility company and affirm	, hereby resign as a	(Print Title) any has been notified of my
	7. Programmer, Managing		
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)