12000098521

(Requestor's Name)		
(Ad	ldress)	
(Address)		
,		
(Cit	ty/State/Zip/Phone	2 #)
(,,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section		
Division of Corporations		
•		
SUBJECT: Exum's Acoustical Ce (Name of Limited Liability Con	ilings, UC	
(Name of Limited Liability Company)		
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
ANITA EXUM (Contact Person)		
(Contact Person)	•	
(Firm/Company)	•	
111 Sharewood DR		
111 Sharewood DR (Address)	-	
Valrico, FL 33594		
	-	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ANitA Exum at (813	708-4164	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
	ŧ	
Enclosed please find a check made payable to the Florida D		
2 \$25 Filing Fee	55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (5/06)



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 limited liability company as it of State is: Exum's Acoustical			
2. This limited liability company was organized un Flori'd q			
3. The Florida document/registration number of this limited liability company is:			
LI200009832) 4.I, ANITA Exum	, hereby resign as a		
(Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.			
anta Exum			
Signature of Resigning Member, Managing Mer	nber or Manager		
Filing Fee: \$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)