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SECRETARY OF STAT

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Floring Mobile Home SA LS 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:
Elen Ennan
Floring Mobile Home Sales LLC
Do Box 232  (Address)
Ellenton FL 3422 (City/State and Zip Code)
For further information concerning this matter, please call:
Cileen Brennan at (941) 479-4234  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \square\$ \square\$ \$\square\$ \$\squ
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED 12 NOV 15 AN 10:31 SECRETARY OF STATE FALL ANASSEE, PLORIDE

## 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 appears on the records of the Florida Department
of State is:+	-lonion Mobile Home Sales.
	ility-company was organized under the laws of:
Z. This mined had	
	TOLIDA.
	ment/registration number of this limited liability company is:
4. I, Evenno	ame of Person Resigning), hereby resign as a MGN.  (Print Title)
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
1 / Cerrs	Muls
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)