L13000012719

·(Re	questor's Name)
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(Cit	y/State/Zip/Pho	ne #)
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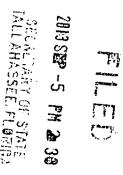
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COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Superior lestore (Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Samuel Taromina III (Contact Person)	STATE A
(Firm/Company)	
1518 Missouri Ade (Address)	
St. Cloud Fl. 347109 (City/State and Zip Code)	·
For further information concerning this matter, p	olease call:
Samuel Taromico at (Name of Contact Person)	(MOH) 218-9319 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$\simeq\$\$ \$\\$55 \text{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 32301	Tallahassee, Florida 32314



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 of State is: Superior Restoration + Remode lin	_	
2. This limited liability company was organized under the laws of:		
Florida	2013 S醇	
3. The Florida document/registration number of this limited liability company is:	S	-
L13000012719	-5	D. 100
4. I, Samuel Richard Taronino III., hereby resign as a Perint To (Print Name of Person Resigning)		
of this limited liability company and affirm the limited liability company has been no resignation in writing.	ntified of	îmy
Sant		
Signature of Resigning Member, Managing Member or Manager		

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: