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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Builder Lifestyle (Name of Limited Liability Com	LUC pany)	
The enclosed member, managing member or manager resignfiling.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Gregory Holmaren (Contact Person)	-	
Builder lifestyle LLC (Firm'Company)	-	
101 Hay Bale Trail	- Æ&	<u> </u>
Ormond Beach F/ 32174 (City/State and Zip Code)	CORETARY 1	78 H SEP -9
For further information concerning this matter, please call:	26. FT S	70 74
Gregory Holmgren at (386 (Area Code	& Daytime Telephone Number)	1 1: 43
Enclosed please find a check made payable to the Florida D S25 Filing Fee	Department of State for: S55 Filing Fee & Certified Copy	
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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: Builder Life 5tyle LCC.	a Department	
2. This limited liability company was organized under the laws of: Florida		
3. The Florida document/registration number of this limited liability company is: 4/30000/9040		
4. I, Lylloy D Holmarly, hereby resign as a MRR (Print Name of Person Resigning). of this limited liability company and affirm the limited liability company has been not bee		
resignation in writing.	SEC TALL	
Signature of Resigning Member, Managing Member or Manager	SEP -9 I	Secretarion of the second of t
Filing Fee: S25.00 (Required) Certified Copy: S30.00 (Optional)	PM 1: 43 SE STATE SELORIDA	