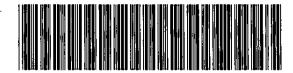
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(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	√ WAIT	MAIL	
(Bı	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Cut Throat Home Improvements, 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:

Lisa Roddenberry		
(Contact Person)		
Cut Throat Home Improvements, LLC		
(Firm/Company)		
3928 Old Federal Road		
(Address)		
Quincy FL 32351		
(City/State and Zip Code)		

For further information concerning this matter, please call:

Lisa Roddenberry

(Name of Contact Person)

at (850) 875-9581

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\Bigsigma\$ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





13 OCT 18 PM 12: 10

SECRETARIO DE STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Throat Home Improve	it appears on the records of the Florida Departmenterments, LLC
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doct <u>L13000022</u>	•	this limited liability company is:
4. I, Michael Chaffin		, hereby resign as a Managing Member
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr		e limited liability company has been notified of m
Signature of Res	igning Member, Managing M	<u> 10 - 18 - 2013</u> ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	