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(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 1 5 2013

T. HAMPTON

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

NAPLES MR FIXIT, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for

Please return all correspondence concerning this matter to:

JOHN L. PATTERSON

(Contact Person)

NAPLES MR FIXIT, LLC

(Firm/Company)

130 31st Street S.W.

(Address)

Naples, FL 34117

(City/State and Zip Code)

For further information concerning this matter, please call:

John L. Patterson

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

■ \$25 Filing Fee

□ \$55 Filing Fee &...

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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)



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 i ples Mr Fixit, LLC	it appears on the records o	of the Florida Department
2. This limited liab	lity company was organized	under the laws of:	
3. The Florida docu L130000628	ment/registration number of	this limited liability comp	eany is:
	ame of Person Resigning) Dility company and affirm the	, hereby resign as a N	(Print Title)
Signature of Resi	gning Member, Managing Member,	ember or Manager	SECTION SECTION AND ALL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	· .	SECRETARY OF SIATION IN SIGNATURE TARREST OF CORPORATION IN AM IO: