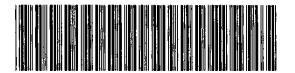
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section **Division of Corporations**

Elevator Engineering Specialists, 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:

John Creswell

(Contact Person)

Elevator Engineering Specialists

(Firm/Company)

4459 SE Kubin Ave

(Address)

Stuart, FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

John Creswell

(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 & 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 it ator Engineering Spec	t appears on the records of the ialists, Inc.	e Florida Department
2. This limited liabi	lity company was organized u	under the laws of:	2013 AUG 12 SALEARASS
3. The Florida docu L130000730	•	his limited liability company	DE PR
4. I, John Cresw		, hereby resign as a MGF	RM STATE
of this limited liab		limited liability company has	(Print Tille)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		