L13000073854

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
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resignation &

04/16/14--01025--014 **25.00



Q 2 /14

COVER LETTER

Division of Corporations
SUBJECT: PAIN Beach Woodworks Installations LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
PAUL E Kelly (Contact Person)
PAIN Brack Woodworks INSTALLATIONS
118 Plantation Blud. (Address)
LAKE Worth FL 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
PAUL CILY at (561) 255-8369 (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 \$\sum \\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

TO: Registration Section

CR2E079 (2/14)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is: Pa	In Beach Woodworks INSTALLATIONS LLC
2. The Florida docum	ment/registration number assigned to this limited liability company is:
L13000	073854
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 4/11/14
4.1. PAUl 1	E Kully, hereby withdraw/resign as a mee of Person Resigning)
MGI	Print Title)
of this limited liab resignation in writ	vility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	sociating Member of Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)