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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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11/01/13--01007--007 \*\*25.00



#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: SOUTHEAST COATINGS, 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:

#### MELVIN HENDERSON

(Contact Person)

#### SOUTHEAST COATINGS, LLC

(Firm/Company)

#### 11315 OWENWOOD ROAD

(Address)

FOUNTAIN, FL 32438

(City/State and Zip Code)

For further information concerning this matter, please call:

MELVIN HENDERSON 3, 850 722-

(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		ls of the Florida	Departm	nent 
2. This limited liab	oility company was organized	d under the laws of:			
3. The Florida doc L130001229	ument/registration number o	f this limited liability co	mpany is:		
4. I. THOMAS E	BRAND 'ame of Person Resigning)	hereby resign as a	a MGRM (Print Tit		_
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	any has been not	ified of a	my
Signature of Res	gning Member, Managing N	dember or Manager			Provinces Services
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			11:36	Inter se