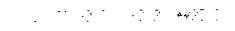
L23000117151

(Requestor's Name)
(Address)
(Address)
· · · ·
(City/State/Zip/Phone #)
(Sity/State/2ip/i Horie in)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Contilled Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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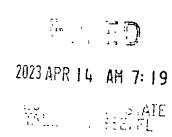
COVER LETTER

Divis	ion of Corporations				
SUBJECT:	CLERMONT	EQUIPHENT PI	ENTALS		
	(Na	me of Limited Liability Com	apany)		
The enclosed	l member, resignation o	r dissociation and fee(s)) are submitted for filing.		
Please return	all correspondence cor	ncerning this matter to:			
BRIAN	SIDEHBERG (Contact Person)		-		
	(Contact Person)				
CLERM	OHT EQUIPMENT	rentals	_		
	(Firm/Company)				
1043 W	HWY SO		_		
	(Address)				
CLERM	OHT FL 2471	l	_		
	(City/State and Zip C	ode)			
For further in	nformation concerning	this matter, please call:			
BRIAH	SIDENBERG	at (80 5	906.9695		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple	ase find a check made i	payable to the Florida D	epartment of State for:		
\$25 Filing			Fee & Certified Copy		
·					
Mailir	ng Address:		Street Address:		
	stration Section		Registration Section		
	sion of Corporations		Division of Corporations The Centre of Tallahassee		
	Box 6327 hassee, FL 32314		2415 N. Monroe Street, Suite 810		
rana	11055CC, FL 32314		Tallahassee, FL 32303		

TO: Registration Section







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability	y company as it appo	ears on the record	s of the Florida Department
of State is:	LERMONT	EQUIPMENT	RENTALS	ш
2. The Florida docu	ıment/registrati	on number assigned	to this limited lia	ibility company is:
L2300	12171100			
3. The date this me	mber/manager	withdrew/resigned o	or will withdraw/r	esign is: <u>04/04/h073</u>
4. I, ROBER	TO CAL	l .	nereby withdraw/	
	ame of Person Re.		-	C
MGR	<u>)</u>			
	(Print Title)			
of this limited lial resignation in wr		and affirm the limit	ed liability compa	any has been notified of my
Mm/h	A 1	1 M	#	
Signature of Di	ssociating Men	nber or Resigning M	anager	
Filing Fee:	\$25.00 (Red	quired)		
Certified Copy:	\$30.00 (Op	tional)		