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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

SEP 1 0 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pioneer Screen Doors & Glass Rooms, 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:

Ted L. Howard

(Contact Person)

Pioneer Screen Doors & Glass Rooms, LLC

(Firm/Company)

4293 SW High Meadow Avenue

(Address)

Palm City, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Ted L. Howard

 $_{\rm at}$ 772 $_{\rm 1}$ 283-4270

(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 in neer Screen Doors & G		e Florida Department	
2. This limited liab	ACT SI			
Florida		,	SEP SEP	
	54.00 (10		ARY ARY	
3. The Florida document/registration number of this limited liability company is:				
L990000052	-	· · ·	STATE CORDS	
4. I, Marcia E. H	loward	, hereby resign as a MG	1234	
(Print Name of Person Resigning)		, norce y resign us u	(Print Title)	
resignation in wr	bility company and affirm the iting. La L		s been notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			