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(Requestor's Name)		
(Address)		
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SECRETALL OF STATE
TALLAHASSEE FLORIDA

06 JAN 23 PM 4: 1

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: COMPLETE APPAREL, L.L.C. (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ERNEST W YORK (Name of Person)		
C/O SOUTHPOINT SPORTSWEAR LLC (Firm/Company)		
11245 NW 131 ST (Address)	 =	
MEDLEY, FL 33178 (City/State and Zip Code)		
For further information concerning this matter, please call:		
ERNEST W YORK (Name of Person)	at (786) 301-9204 (Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)	Common Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, ERNEST W YORK	, hereby resign as MEMBER	
	(Title)	
of COMPLETE APPAREL, L.L.C.		
(Limited Liabi	ity Company)	
a limited liability company organized under the la	ws of the State of FLORIDA	
and affirm that the limited liability company has been notified in writing of the resignation.		
Emptel for		
(Signature of resigning manager,	managing member or member)	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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CR2E079 (8/05)