Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CHECKMATE Account Number : I20030000146 : (941)366-1819 : (866)582-8258 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TODDRHYNE2@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANNER CONSTRUCTION SYSTEMS LLC

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G. MCLEOD

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CR2F079 (5/06)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DANNER CONSTRU (Name of Limited	CTION SYSTEMS LLC Liability Company)
The enclosed member, managing member or mafiling.	nnager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
ROBIN O'CONNOR (Contact Person)	
CHECK MATE LICENSING S	ERVICE
4411 BEE RIDGE RD #257 (Address)	
SARASOTA, FL 34233 (City/State and Zip Code)	atoma activ
For further information concerning this matter,	
ROBIN O'CONNOR at	(941) 366-1819
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records of the Florida Depart	lment
2. This limited liab	ility company was organiz	ed under the laws of:	
3. The Florida docu M100000	-	of this limited liability company is:	
4. I, <u>TODD H</u>	RHYNE	, hereby resign as a MGRM (Print Title)	
	pility company and affirm	(Print Title) the limited liability company has been notified o	ťmy
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ALLAHASSEE, FLOR	THAY -6 AM 9: 0

CR2E079 (5/06)