W100015736

| (Rec | questor's Name) |) | | |
|---|------------------|--------------|--|--|
| (Add | dress) | | | |
| (Add | iress) | | | |
| (City | //State/Zip/Phor | ne #) | | |
| . PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000161825030

10/21/09--01010--024 **25.00

2009 OCT 22 AM II: 15
SECRETARY OF STATE
ASSEE, FLORID

M. THOMAS

OCT 2 2 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: S & Enterprises of Ho. (Name of Limited Liability Compan | Hywood, LLC |
| The enclosed member, managing member or manager resignatifiling. | on and fee(s) are submitted for |
| Please return all correspondence concerning this matter to: | |
| Michael J. Gallagher (Contra Person) | 7A |
| S+S Enterprises (Firm/Company) | 109 OCT 22 SECRETAR LLAHASS |
| Boynton Beach, 72 33439 (City/State and Zip Code) | 2009 OCT 22 AM II: 15 SECRETARY OF STATE ALLAHASSEE, FLORIDA |
| For further information concerning this matter, please call: | |
| Michael J. Lallaghar at (561) (Name of Contact Person) (Area Code & D | 704 2659 Paytime Telephone Number) |
| | rtment of State for: Filing Fee & ertified Copy |
| Registration SectionRegDivision of CorporationsDivClifton BuildingP.C | gistration Section rision of Corporations D. Box 6327 lahassee, 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

| | mited liability company as it a S Enterprises | | d. LLC. |
|--|--|-----------------------------|---------------------------------------|
| 2. This limited liabili | ty company was organized un | der the laws of: | 2009 OCT 22 A SECRETARY O TALLAHASSEE |
| | nent/registration number of thi | is limited liability compar | of STATE E. FLORIDA |
| 4. I, LORRA I | NE GREFE' ne of Person Resigning) | _, hereby resign as a/ | MGR (Print Title) |
| of this limited liabil resignation in writi | | mited liability company h | as been notified of my |
| Signature of Resign | ning Member Managing Mem | iber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |