

L0500000 4149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

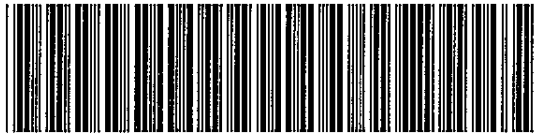
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEC 28 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAND EXPECTATIONS, LLC
(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:

Gary D. Payne
(Name of Person)

Grand Expectations, LLC
(Firm/Company)

1085 Andarella Way
(Address)

Vero Beach, FL 32963
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Payne at (772) 234-0430
(Name of Person) (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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, CALVIN O. COX, hereby resign as Member / MGRM
(Title)

of Grand Expectations, LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

Calvin O. Cox - POA
(Signature of resigning manager, managing member or member)

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TALLAHASSEE, FLORIDA

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**