## L050000076157

(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fil	ing Officer:			

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2001 JUN 18 P 4: 08
SECRETARY OF STATE
ALLAHASSEE, FLORIO

## COVER LETTER

Division of Corporations	
SUBJECT: PRINCIPAL MONTGA (Name of Limited I	GED FINANCE UC.
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
SCOTT KLASTEY (Contact Person)	<del></del>
PRINCIPAL MONTGASE & FIMM (Firm/Company)	
12927 WALS ING HAY ROPM (Address)	2001 JUN 18 P 4: 08 SECRETARY OF STATE ALLAHASSEE, FLORID
City/State and Zip Code)  For further information concerning this matter, p	OF STATE P. I. OR IDA
SCOTT KA: ASSEY at ( (Name of Contact Person)	727 ) 773 - YT61 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	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

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 it PSC 141619AL MONTHAGE	• •		partment
2. This limited liab	vility company was organized un	nder the laws of:	2001 JUN 18 SECRETARY TALLAHASS	<b>T</b>
Losoa	ument/registration number of th		D 4:	m
(Print Notes of this limited lia	COLDMAN  Jame of Person Resigning)  bility company and affirm the li	•	(Print Title)	
resignation in wr				
Signature of Resi	igning Member, Managing Men	mber or Manager		٠
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			