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SEGRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

SEP - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: L & D Residential (Name of Limited Liabil	Sales LLC. ity Company)	
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for	or
Please return all correspondence concerning this mat	ter to:	
Louie G. Tortorici (Contact Person)	<u></u>	
Same (Firm/Company)		2009 SI
11072 E. Castlemain Cir (Address)	HASSEE, FL	009 SEP -2 PM
Jap., Fl. 32256 (City/State and Zip Code)		PM 1: 34
For further information concerning this matter, please	call:	
Lon Tortorici at (90) (Name of Contact Person) (Area	Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		s it appears on the records of nhial Sales		
2. This limited liabi	lity company was organized	d under the laws of:		
	ment/registration number o	of this limited liability compa	any is:	
	oility company and affirm th	, hereby resign as a M	,	
Docus F. Signature of Resignature	gning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2009 SEP -2 PM 1: 31 SEGRETARY OF STATE FALLAHASSEE FLORID	The state of the s

CR2E079 (5/06)