#1 08000053201

(Requestor's Name)					
(Address)					
(1001000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
0.85.10					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
operational detections to 1 ming officers.					
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Office Use Only



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K. SALY EXAMINER APR 14 2011

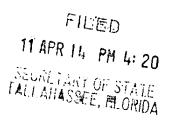
COVER LETTER

TO:

CR2E079 (5/06)

TO:	_	Registration Section			
	Divis	sion of Corporations			
SUB	JECT:	Superior Investments	s at Black B	ear III, LLC	
		(Name of I	Limited Liability Co	ompany)	
The e		d member, managing member	or manager res	ignation and fee(s) are submitted for	
Pleas	e return	all correspondence concerni	ng this matter to	×:	
Jon	athan	n D. Woods			
		(Contact Person)		_	
		(Firm/Company)		_	
425	W. C	Colonial Dr. Ste. 204			
		(Address)		_	
Orla	ındo,	FL 32804			
		(City/State and Zip Code)		_	
For fi	arther is	nformation concerning this m	atter, please call	: :	
Jona	athan	D. Woods	at (407	, 650-8133	
	(N	lame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclo	sed ple	ease find a check made payabl \$25 Filing Fee	e to the Florida	Department of State for: \$55 Filing Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
		Section		Registration Section	
	ion of C on Build	Corporations		Division of Corporations P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	
		Florida 32301		· minimuster, a tottum sast i	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	name of the limited liability company as it appears on the records of the Florida Departmen state is: Superior Investments at Black Bear III, LLC			
of State is: Superior investments at bia	ack bear in, LLC	<u> </u>		
2. This limited liability company was organized und Florida	der the laws of: 	,		
3. The Florida document/registration number of this L08000053201	s limited liability con 	npany is:		
_{4. I,} Jonathan D. Woods	_, hereby resign as a	Manager		
(Print Name of Person Resigning)		(Print Title)		
of this limited liability company and affirm the lin resignation in writing	nited liability compar	ny has been notified of my		
Signature of Regioning Member, Managing Member	ber or Manager			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)				