109000003578

(Requestor's Name)				
. (Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
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(Document Number)				
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T. CLINE
JAN 1 8 2011

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	•
SUBJECT: FC6, LLC	l Liability Company)
(Name of Limited	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
STACEY MIKEL (Contact Person)	
(Contact Person)	
FCG, LCC	
(Firm/Company)	D O C
6671 W. INDIANTOWA	SECRETARY OF STATE OF
(Address)	
chara C 22116	ि क्षेत्र - ८
(City/State and Zin Code)	×
For further information concerning this matter,	please call:
STACEY MIKEL a	SAL 371-5028
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
(1.3)	(
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	Colinica Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as	it appears on the records o	f the Florida Department
2. This limited liabil	ity company was organized	l under the laws of:	-1 :2
109000	ment/registration number of	·	SSEC.
	MARLEY me of Person Resigning)	, hereby resign as a	(Print Title)
of this limited liab resignation in writ	lity company and affirm th		has been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		