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SECRETARY OF STATE
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C. LEWIS

JUN 1 5 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: 1811 MEADOWS GROUP,	
(Name of Limited Li	ability Company)
The enclosed member, managing member or mana filing.	nger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
JEANNIE FOSS	
(Contact Person)	
1811 MEADOWS GROUP, LLC	
(Firm/Company)	
308 SW 27TH TERR	
(Address)	
DELRAY BEACH, FL 33445	
(City/State and Zip Code)	-
For further information concerning this matter, ple	ase call:
JEANNIE FOSS at (561) 908-6263
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 1 MEADOWS GROU	it appears on the records of the Florida Department IP, LLC .
2. This limited liab	ility company was organized	under the laws of:
3. The Florida docu L09000062	_	this limited liability company is:
4. I, LANCE KI	LPER	, hereby resign as a MEMBER
(Print N	ame of Person Resigning)	(Print Title)
of this limited lial resignation in wri		e limited liability company has been notified of my
Signature of Resi	2. Jee gning Member, Managing M	ember or Manager
J		
Filing Fee:	\$25.00 (Required)	
——————————————————————————————————————	\$30.00 (Optional)	