•		
(Re	equestor's Name)	
. (Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
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Certified Copies	Certificates	or Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Buller, Clelland Of (Name of Limited L	(ver, Keller, Hastings, Longo & Species, Liability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	matter to:
	99 B.S
(Contact Person)  (Firm/Company)  SY( S. Onlando Ave, # 310, (Address)  (City/State and Zip Code)  For further information concerning this matter, pl	maitland, fc 32 75 75
(City/State and Zip Code)  For further information concerning this matter, pl	ease call·
(Name of Contact Person) at (	
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	e limited liability company as				PLLO
	pility company was organized اردسار (محرب)		2012 MAR 27 SECRETARY FALLARADSE	feren Fre age as 24 v	
	ument/registration number of	f this limited liability con, hereby resign as a	npany is s		
(Print N	Name of Person Resigning)  Bility company and affirm the		(Print Title)	ed of my	
Signature of Res	igning Member, Managing M	1ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				