# L11000061993

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phone #	)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Doce	ument Number)				
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
		:			
	n.				
	130	25			
	Office Use Only				
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Office Use Only  B. KOHP  MAR 9 2012  EXAMINER					
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mane of Limited Lia	bility Company)
The enclosed member, managing member or manafiling.	ger resignation and fee(s) are submitted f
Please return all correspondence concerning this m	atter to:
Tammy Hamzehlos	· · · · · · · · · · · · · · · · · · ·
(Firm/Company)	<del></del>
4755 Ohio Au (Address)	
(Address)	
Sanford TL 32 (City/State and Zip Code)	771
For further information concerning this matter, ple	ase call:
(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l	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

CR2E079 (5/06)





# **DIVISION OF CORPORATIONS**

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

1. The name of the	limited liability company a	is it appears on the records of	of the Florida Department
of State is:	MANOR AND	1 Trust, LLC	
	ility company was organize		
F			
	ment/registration number of	of this limited liability comp	pany is:
4. I,	y HAmzehloui ame of Person Resigning)	hereby resign as a	m C n m (Print Title)
	oility company and affirm t	the limited liability company	
	7/ ( .		
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		