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B. BOSTICK NOV 2 - 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Charlee LLC		
(Name of Limit	ed Liability Company)	
The enclosed member, managing member or ifiling.	manager resignation and fee(s) are submitted fo	
Please return all correspondence concerning t	his matter to:	
S. Stanley Gilhool		
(Contact Person)		
2X4 Ranch LLC		
(Firm/Company)	LAH TAH	
500 Hogsback Road	み :	
(Address)	्राहु- क्रु	
Mason, Michigan 48854	ET STATE	
(City/State and Zip Code)	IDA	
For further information concerning this matte	r, please call:	
S. Stanley Gilhool	at (517) 244-2655 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	the 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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Ch	e limited liability company as it arlee LLC	appears on the records of the F	lorida Department	
2. This limited lia	bility company was organized u	under the laws of:		
3. The Florida doc M0500000		his limited liability company is:		
_{4. I,} Michael C. Schafer		, hereby resign as a Mana	, hereby resign as a Managing Member	
(Print Name of Person Resigning)			Print Title)	
of this limited lie resignation in w		limited liability company has be	en notified of my	
W.d	200 SM		5	
Signature of Resigning Member, Managing Memb		mber or Manager		
			HOCT 3	
Filing Fee:	\$25 At (Dagwins)		်င်္က [ု] လ 🛁	
Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		\frac{111}{141}.	
cerumed copy.	\$50.00 (Optional)		الا الرائد الا الرائد العربين المالية	
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