## ~L100000085310

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(0.1), 0.1111.	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
- "	
SEP 1 5 2010	
EXAMINER	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	A S
SUBJECT: 3 Rivers Store LCC (Name of Limited Liability Compan)	LAHASSET
The enclosed member, managing member or manager resignatifiling.	ion and fee(s) are submitted fo
Please return all correspondence concerning this matter to:	<b>*</b>
Don Howas (Contact Person)	
3 Rivers Store (Firm/Company)	
49.8 SW Manatee Tev (Address)	
Ft. White FL 32038 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Don Thomas at (352) (Name of Contact Person) (Area Code & E	251-7575 Daytime Telephone Number)
1/ %	artment of State for: Filing Fee & Certified Copy
Registration Section Re Division of Corporations Di Clifton Building P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, 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 limited liability company as it appears on the records of the Florida of State is: 3 Rivers 5 TORE LLC	Department
2. This limited liability company was organized under the laws of:	NEP IL PH L: 03
3. The Florida document/registration number of this limited liability company is:	P
4. I, Ann R. BARCIA, hereby resign as a Mem (Print Name of Person Resigning) (Print T	GEY Tille)
of this limited liability company and affirm the limited liability company has been no resignation in writing.	otified of my
Signature of Resigning Member, Managing Member or Manager	
Signature of Resigning Member, Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)