407000036567

| (Requestor's Name |) | | | |
|---|--------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phor | ne #) | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Na | ame) | | | |
| (Document Numbe | r) | | | |
| Certified Copies Certificate | es of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| A. LUNT | | | | |
| SEP | - 3 2012 | | | |
| EXA | MINER | | | |

Office Use Only



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SECRETARY OF STATE

2812 SEP -4 PH 事 02

COVER LETTER

| TO: Registration Section | |
|--|--|
| Division of Corporations | |
| SUBJECT: CRANE INVESTME | NTS LLC |
| (Name of | Limited Liability Company) |
| The enclosed member, managing member filing. | r or manager resignation and fee(s) are submitted for |
| Please return all correspondence concerns | ing this matter to: |
| STEVE CRANE | |
| (Contact Person) | |
| CRANE INVESTMENTS | SILRE BARY OF STATE ALLAHASSEE, ELERIB. |
| (Firm/Company) | are C |
| 762 REFLECTIONS LANE | |
| (Address) | - 100 mm - |
| WINTER GARDEN, FL 34787 | |
| (City/State and Zip Code) | |
| For further information concerning this n | natter, please call: |
| STEVE CRANE | at (407) 595 2095 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payabase \$25 Filing Fee | ole to the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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

| | limited liability company as it app | | Florida I | | ment |
|---|--|----------------------------|-------------|-------------|-----------|
| 2. This limited liability company was organized under the laws FLORIDA | | r the laws of: | CAHASSEY | 2012 SEP -4 | |
| 3. The Florida docu _L07000036 | ment/registration number of this l | imited liability company i | STATE STATE | PM 哪 02 | C |
| • | me of Person Resigning) ility company and affirm the limit | hereby resign as a MGF | (Print Titl | • | — f my |
| Signature of Resi | gning Member, Managing Membe | r or Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |