101000002725

(Requestor's	Name)
(Address)	
(Address)	
(Marcas)	
(City/State/Zi	o/Phone #)
PICK-UP W	AIT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Cer	tificates of Status
Special Instructions to Filing Officer:	

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M. THOMAS

JAN 3 0 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Sheridan Apartments, Ll	LC
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
	<u> </u>
Thomas M. Clark, Esquire	ţ
(Contact Person)	
THOMAS M. CLARK, PA	
(Firm/Company)	
2400 E. COMMERCIAL BLVD., S	UITE 820
(Address)	
FORT LAUDERDALE, FLORIDA	33308
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Pam Clark	at (954 ₎ 776-3800
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Evaluated whose Sud a cheek made may his to	the Floride Department of State for
Enclosed please find a check made payable to \$25 Filing Fee	\$55 Filing Fee &
V \$2.5 1 ming 1 cc	Certified Copy
	• •
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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

The name of the limited liability company as it ap of State is: Sheridan Apartments, LLC	opears on the records of the Florida Department
2. This limited liability company was organized und Florida	er the laws of:
3. The Florida document/registration number of this L01000002725	limited liability company is:
4. I, DAVID ARDELEAN , hereby resign as a MEMBER (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	