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NE JUN 26 AM II: I
SECRETARY OF STATE
ALL AHASSEE, FLORID.

T. HAMPTON

JUN 2 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Newlynn Associ	ates LLC d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Karen Newman (Contact Person)	
(Firm/Company)	
3236 NW 61 Stree	<u>+</u>
Boca Raton FL 33 (City/State and Zip Code)	496
For further information concerning this matter,	please call:
Name of Contact Person)	t (561) 926-0545 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	· ·

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 Newlynn Asso	as it appears on the records	of the Florida Departmen
	ility company was organiz ১৭		
	ument/registration number	of this limited liability com	pany is:
4.1, Karen (Print N	Mewman ame of Person Resigning)	, hereby resign as a	Manages (Print Ditle)
of this limited lial resignation in wri		the limited liability compar	ny has been notified of my
Maren Statute of Page	gning Member, Managing	Mamber or Manager	
Congnature of Nesi	giinig ivicinoci, ivianaging	Wichioci of Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		4
			08 Sec

CR2E079 (5/06)