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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i></i> ≠ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
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SECHELARY OF STATE PALLARYS SEE PHONE

### **COVER LETTER**

TO: Registration Section Division of Corporations

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILLIP (EWALLEN)
(Name of Person)

EWALLEN ENTERPRISES (Firm/Company)

10 DOMINICA LN
(Address)

BONITA SPRINGS IL 34134 (City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIP LEWALLEN at (239) 643-4474 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)

MAILING ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 3231



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OF MANAGER

I, TYLIN J. SMITH, hereby resign as MANAGING MEMBER (Title)	e R
of MERIDIAN REAL ESTATES SERVICES, (Limited Liability Company)	
a limited liability company organized under the laws of the State of FLORIDA STATE AND	) J
(Signature of resigning manager, managing member or member)  (Signature of resigning manager, managing member or member)  (SOUNERSMITH REACTY, INC)	<u> </u>

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314