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J. BRYAN

FEB - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Traditions (Name of Limited Liabi	Park, LLC lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Jennifer Gierke (Contact Person)	SECTION TALL
Traditions On Park, U	C RETARY OF THE SEE.
374 Park Avenue No	The Copy STATE CE. FLORISE
Winter Park, FL 32789 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Name of Contact Person) at (4	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it appears Traditions On Fa	s on the records of the Flor	ida Department
2. This limited liabili	ty company was organized under the	e laws of:	FALLAHASSEE
3. The Florida docum	ent/registration number of this limit	ed liability company is:	PM 3: 23 OF STATE OF STATE
of this limited liabil	e of Person Resigning) ity company and affirm the limited	eby resign as a	OGOS n Title) n notified of my
resignation in writing Cwille Signature of Resignature	ing Member, Managing Member or	Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		