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(Requestor's Name)		
(Requestor's Name)		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
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FIRETARY OF STATE

JANE YEAGER CHEFFY

ATTORNEY AT LAW
SUITE 310
2375 TAMIAMI TRAIL NORTH
NAPLES, FLORIDA 34103-4439
TELEPHONE (239) 263-1130
FAGSIMILE (239) 263-3827
janecheffy@earthlink.net

August 5, 2009

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: West Cape Development Group, LLC

Dear Division:

Enclosed please find the following with regards to the above referenced Company:

- (1) Cover Letter
- (2) Resignation of Member, Managing Member or Manager From Florida or Foreign Limited Liability Company;
- (3) Our check in the amount of \$25.00 made payable to Florida Department of State to cover the filing fees.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

Katrina Price

Enclosures kep

COVER LETTER

	egistration Section ivision of Corporations	
SUBJEC	$_{f T_1}$ West Cape Development	Group, LLC
	(Name of Limited	Liability Company)
The enclose	sed member, managing member or ma	nager resignation and fee(s) are submitted for
Please reti	urn all correspondence concerning this	matter to:
Jane Y	eager Cheffy, Esq.	
	(Contact Person)	
Jane Ye	eager Cheffy, P.A.	
	(Firm/Company)	
2375 Ta	amiami Trail North, Suite #3	10
	(Address)	
Naples,	FL 34103	
	(City/State and Zip Code)	
For further	r information concerning this matter, p	lease cail:
Jane Ye	eager Cheffy, Esq.	239) 263-1130
((Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed p	please find a check made payable to the	
	√ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
		Connica Copy
	COURIER ADDRESS:	MAILING ADDRESS:
Registratio		Registration Section
Division of Clifton Bu	f Corporations	Division of Corporations
	nding utive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
	e, Florida 32301	rananassee, rigina 32317
	•	

CR2E079 (5/06)



PLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability comp of State is: West Cape Develop	any as it appears on the records of the Florida Department oment Group, LLC
2. This limited liability company was org Florida	
3. The Florida document/registration nun L02000002203	nber of this limited liability company is:
_{4. I.} Lawrence J. Pitoni	, hereby resign as a Manager (Print Title)
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affi resignation in writing.	irm the limited liability company has been notified of my
Signature of Resigning Member, Manag	ging Member or Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)

09 AUG 10 AM 10: 06
SECRETARY OF STATE