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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations
SUBJECT: PALMER INVESTMENT COMPANY, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Chanles P. Church (Contact Person)
PALMER INV. CD., LLC. (Firm/Company)
3803 BAMEON TERRACE (Address)
BRADENTON, F1. 34210 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (3) y) 517-0715 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRE FARY OF STATE DIVISION OF CORPORATE

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: PALMER IN	VVEST m=	NO CO	mosium	244
			1 01	
2. This limited liability company was org		ws of:		
STATE OF Flor	1DA			
3. The Florida document/registration nur	mber of this limited	liability compa	ny is:	
L02000002808				
·				
4.1, Ryan A. Chunk (Print Name of Person Resigning)	يد لم , hereby	resign as a	MGRM)
(Print Name of Person Resigning))	0	(Print Title)	
of this limited liability company and af	firm the limited liab	ility company l	has been notified	of my
resignation in writing.				
Ryan Church Signature of Resigning Member, Mana	510	1		
Signature of Resigning Member, Mana	ging Member or M	-'- 		
o.gacare of reorganing memoer, mane	.gge	,		

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: