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(Re	equestor's Name)			
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EXAMINER
DEC 28 2010

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
	opment Company, LLC
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
James R. DeMonia	
(Contact Person)	
(Firm/Company)	
Post Office Box 310	
Post Office Box 310 (Address)	A system of growing
	4 * 4 * 1
Eastpoint, FL 32328	· · · · · · · · · · · · · · · · · · ·
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
James T. DeMonia	at (<u>850</u>) <u>653-5733</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable xx \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
<u> </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as		of the Florida Department
2. This limited liabiling Florida	ity company was organized	l under the laws of:	
3. The Florida docum	nent/registration number o	f this limited liability com	pany is:
•	ne of Person Resigning) lity company and affirm th	, hereby resign as a _	(Print Title)
Signature of Resign	ning Member, Managing N	1ember or Manager	
Filing Fee: Certified Copy:		·	