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T. HAMPTON

OCT 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DESIGN TIMBER II, (Name of Limited)	LLC d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
Denise C. Howard	
(Contact Person)	
Design Timber II, LLC	
(Firm/Company)	
P.O. Box 238	
(Address)	
Lake Butler, FL 32054	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Denise Howard	, 386 <u>496-3509</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
_	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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA 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 company as it of State is: DESIGN TIMBER II, I	
2. This limited liability company was organized un FLORIDA	nder the laws of:
3. The Florida document/registration number of th	is limited liability company is:
4. I, WILLIAM P. BRANT (Print Name of Person Resigning)	, hereby resign as a MEMBER (Print Title)
of this limited liability company and affirm the li resignation in writing.	imited liability company has been notified of my
Signature of Resigning Member, Managing Mem	nber or Manager
-	0

\$25.00 (Required) \$30.00 (Optional) OS OCT 19 PM 1: 50

CR2E079 (5/06)

Filing Fee: Certified Copy: