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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jennis & Bowen, P.L.	iability Company)
The enclosed member, managing member or mar filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Chad S. Bowen	
(Contact Person)	
Jennis & Bowen, P.L.	
(Firm/Company)	
400 N.: Ashley Drive, Suite 254	0
SOCIETATION CONCENTION (Address)	"Inglighterson sticklide 305 Mi
ம் என்றுள் Tampa, FL: 33602	MOTAPHRANS
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, pl	ease call:
Chad S. Bowen	813 229-1700 Area Code & Daytime Telephone Number)
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	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
Fallahassee, 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

	limited liability company as it ennis & Bowen, P.L		s of the Florida Department
2. This limited liab	ility company was organized u	nder the laws of:	
3. The Florida doc	ument/registration number of th	nis limited liability cor 	npany is:
	P. Brundage Jame of Person Resigning)	, hereby resign as a	Managing Member
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability compa	ny has been notified of my
Signature of Res	Igning Member, Managing Men	mber or Manager	·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		