Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000523193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CHRISTINA M. KITTERMAN, P.A.

Account Number : 120100000015

Phone

: (954)533-4431

Fax Number

: (954)320-6932

Er er	the	email	address	for	this	business	entity	to	be	used	for	futur
区是 an	nual	repor	address t mailin	gs.	Enter	only on	e email	add	lre <b>s</b>	s ple	ase.	**
70		•										

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TLKRJ, L.L.C.

Certificate of Status	O
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



Tallahassee, Florida 32314

## **COVER LETTER**

s) are submitted for
٠.,
hone Number)
ate for:
DRESS: etion porations
orida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

9543206932



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as	it appears on the records of the Florida Department
		Lundar the laws of
Elovie	lability company was organized	under the laws of.
_	locument/registration number o	f this limited liability company is:
	HONY BOVA nt Name of Person Resigning)	, hereby resign as a MGR (Print Title)
of this limited resignation in		e limited liability company has been notified of my
	Centhon	Porc
Signature of R	esigning Member, Managing N	lember or Manager
Filing Fee:	\$25.00 (Required)	

\$30.00 (Optional)

CR2E079 (5/06)

Certified Copy: