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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF TOTAL

COVER LETTER

Division of Corporations	
SUBJECT: Flowridian L. (Name of Limited Lin	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Michele Martinez (Contact Person)	<u> </u>
(Firm/Company)	<u> </u>
508 West North Bay	St.
Tampa FL. 33403 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Name of Contact Person) at (A	813 390 -5242 Trea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 it a		of the Florida Dep	oartm	ent
of State is:	owridianz, LL	<u>-C</u>			
	ty company was organized un Department of				
3. The Florida docum	nent/registration number of thi	is limited liability com	apany is:		
4. I, Edw'n (Print Nam	N' Nam 3 ne of Person Resigning)	_, hereby resign as a	Producer (Print Title)		_
of this limited liabil resignation in writing	lity company and affirm the ling.	mited liability compar	ny has been notifie	d of r	my
		,		07	SIAID
Signature of Resign	ning Member, Managing Men	ıber or Manager		007 19	CRETATION OF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			9 PH 2: 39	
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