

LO2000627421

(Requestor's Name)

(Address)

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APR 17 2008

EXAMINER

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RECEIVED  
08 APR 17 AM 11:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: 001375.85235

DATE: 04/15/2008

REF. #: 001375.85235

CORP. NAME: TRUE 680, LLC

ARTICLES OF INCORPORATION

ARTICLES OF AMENDMENT

ARTICLES OF DISSOLUTION

ANNUAL REPORT

TRADEMARK/SERVICE MARK

FICTITIOUS NAME

FOREIGN QUALIFICATION

LIMITED PARTNERSHIP

LIMITED LIABILITY

REINSTATEMENT

WITHDRAWAL

CERTIFICATE OF CANCELLATION

OTHER: RESIGNATION

R MANAGER

STATE FEES PREPAID WITH

55.00

AUTHORIZATION FOR ACC

AMOUNT: \$ \_\_\_\_\_

PLEASE RETURN:

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 CERTIFICATE OF STATUS

Examiner's Initials

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File First



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 appears on the records of the Florida Department of State is: TRUE 680, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L02000027421

4. I, JAMES ORTHWEIN, hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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