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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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2010 MAY -3 PM 3: 47
SECRETARY OF STATE

C. LEWIS

MAY 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STUDWAY LLC (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	:
JOHN L. STUDSTILL TIL (Contact Person)	-
STUDWAY, LLC (Firm/Company)	
HO ANDALUSIA RD (Address)	_
CANTONMENT, FL 32533 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
TOHN L. STUDSTILL III at (850 (Area Code	
	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)



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	nent
of State is:	STUDWAY, LLC	<u>_</u> .
2. This limited liab	ility company was organized under the laws of:	
FLO	ORIDA	
3. The Florida docu	ument/registration number of this limited liability company is:	
L 0200	00033234	
	- STUDSTILL IV , hereby resign as a MGR m (Print Title)	
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of iting.	my
Sohn	1 Studstill	
Signature of Resi	igning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	