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(Requestor's Name)				
(Address)				
(Address)				
(City/State	:/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing (Officer:			
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(29.23

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAKEN OFFICE SUITES, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
John BAKER (Contact Person)
BAKEN OFFICE SUITES (Firm/Company)
1334 TIMBERLANE PLD (Address)
TAWAHASSEE, FU 32312 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 907-8244 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED

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CALLAHASSEE, FLORIDA

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		
2. This limited liabilit	ty company was organized un	der the laws of:	
3. The Florida docum	ent/registration number of thi 3 φ φ φ φ 1 4 φ 33	s limited liability com 	npany is:
/	of DMMINI ne of Person Resigning)	_, hereby resign as a	MEM5EN_ (Print Title)
of this limited liabil resignation in writin	ity company and affirm the ling.	mited liability compar	ny has been notified of my
Signature of Resign	ing Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	,		