L03000019662

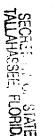
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LO3-191do2 11/7





000061179560

Money no form





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Private Quarters Club, LLC (Name of Lim	ited Liability Comp	pany)
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Ma	nager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the fol	lowing:
Richard P. Bellinger		
(Name of Person)		•
Private Quarters Club, LLC		_
(Firm/Company)		
222 So. U.S. Hwy. One, Suite 209		
(Address)		
Tequesta, FL 33469		
(City/State and Zip Code)		•
For further information concerning this matter, pl	lease call:	
Richard P. Bellinger	_{at (} 561	744-3341
(Name of Person)	(Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:		
№ \$25 Filing Fee	□ \$:	55 Filing Fee &
CB3E070 (9/05)		Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 14, 2005

RICHARD P. BELLINGER 222 S. US HIGHWAY ONE, STE. 209 TEQUESTA, FL 33469

SUBJECT: PRIVATE QUARTERS CLUB, LLC

Ref. Number: L03000019662

We have received your document for PRIVATE QUARTERS CLUB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In addition to the cover letter, the enclosed form must be completed in its entirety. No member/manager resignation form was received with your cover letter and check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 105A00067394



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	James W. Hall	, hereby resign as _	Manager (Title)
of	Private Quarters Clu		(Title)
		ited Liability Company)	•
a lim	nited liability company organized und	ler the laws of the State of	Florida
and a	affirm that the limited liability compa	any has been notified in writin	g of the resignation.
	(Signature of resigning n	nanager, managing member of	r member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

05 DEC -5 PM 1:58

APPHOVED