## L03000022411

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>?</del> #)
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SECRETARY OF STATE STATE OF CORPORATIONS

J. BRYAN

APR - 2 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: MLB PROPERTIE (Name of Limited Liab	S / L C Dility Company)	
The enclosed member, managing member or managilling.	ger resignation and fee(s) are submitted for	
Please return all correspondence concerning this ma	atter to:	
LINDA B McPherson	)	
MLB PROPERTIES (Firm/Company)	<u>u</u> -c	08 APR -
2945 NE 35+1.	#101	-1 PH 1: 30
Ocula, F1, 344' (City/State and Zip Code)	70	٥
For further information concerning this matter, ple	ase call:	
LINDA Mepherson at (	352) 5 22 - 6 43 5 rea 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 lim of State is:	nited liability compar				9
2. This limited liability  FL	y company was orga o RIDA	nized under th	e laws of:		08 APR -1 PM 1:31
3. The Florida docume	ent/registration numb	ber of this limi	ted liability compa 030000 25	iny is:	1:38
4. I, Kathryn (Print Name) of this limited liabili	,			MEMBE/ (Print Title)	
resignation in writin		m the imited	natifity company	nas occi notifica o	1 my
Signature of Resign	ing Member, Manag	ing Member o	r Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				