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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

	CIERMONIT	DEVELORME	(Anu A	110
SUBJECT:		of Limited Liability Com	pany)	
The enclosed m filing.	ember, managing mem	ber or manager resigr	nation and fee(s) are su	ıbmitted for
Please return all	l correspondence conce	rning this matter to:		
STEVE	N S. DAVIS			
	(Contact Person)			
	(Firm/Company)			
823 N	. LAKE ADAIR	è BLVO.		
	(Address)			
ORLAN	00, FL 3	2804		
	(City/State and Zip Code))		ALSE 2
For further info	rmation concerning this	s matter, please call:		SECRETARY OF STA
STEVEN	S. DAVIS	at (407) 475 - 080 & Daytime Telephone N	AHASSEE
(Nam	e of Contact Person)	(Area Code d	& Daytime Telephone N	umber
Enclosed please	e find a check made pay \$25 Filing Fee	able to the Florida D		
	RIER ADDRESS:		MAILING ADDRES	S:
Registration Sec Division of Cor			Registration Section Division of Corporatio	nns
Clifton Building	-		P.O. Box 6327	
2661 Executive Tallahassee, Flo		,	Tallahassee, Florida 32	2314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		any as it appears on the records of OEVELOPMENT 6	•
	oility company was org	ganized under the laws of:	
	ument/registration nun	nber of this limited liability comp	oany is:
of this limited lia	bility company and aff	, hereby resign as a	•
resignation in wr	J. (2)		
Filing Fee:	igning Member, Mana \$25.00 (Required) \$30.00 (Optional)	ging Member or Manager	2012 MAR -5 PM 2: SECKETARY OF STALLARIASSEE, FLOI