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(Requestor's Name)
(Address)
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,
(6) 101 - (7) (6)
(City/State/Zip/Phone #)
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2011 JUL -8 AM 9: 25

J. SAULSBERRY EXAMINER

JUL 11 2011

COVER LETTER

TO: Registration Section

Clifton Building

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

Division of Corporations

SUBJECT: (Name of Limited)	Liability Company)
The enclosed member, managing member or manifiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Abby Binhe (Contact Person)	
Hemingway's, LL	d TALLA
18 Via de Lyna d	r, 4nit PH6点。 , 3L32561 点。
Pensacola Beach, (City/State and Zip Code)	<u>, 当し</u> 32561 麗
For further information concerning this matter, p	blease call:
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee Cach To To L \$50.00	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314



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 lin	mited liability company as it appears on the records of the Florid	Depa	Ement
	ty company was organized under the laws of:	CHASSEE, FLORIDA	JUL -8 AM 9: 25
3. The Florida docum	nent/registration number of this limited liability company is:		
4. I, Gary (Print Nam	Powell, hereby resign as a MC (Print	R N Title)	$\widehat{}$
of this limited liabil resignation in writing	lity company and affirm the limited liability company has been ang.	notified	of my
Signature of Resign	Power or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		