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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	ne #)
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Board Centified Linited Li	Statting (1) ability Company)
The enclosed member, managing member or manafiling.	nger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Reul B. Gibson (Contact Person)	
Board Certified Sta	Hing CLC
2800 4th Street N., S	vike 191
Saint Pesenbury FL 3 (City/State and Zip Code)	33704
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (	727 ) 455 - 1745 Area 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
	- · · · · · · · · · · · · · · · · · · ·

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 lost of State is:	imited liability company as	s it appears on the records	of the Florida Department
2. This limited liabil	lity company was organize	d under the laws of:	
	ment/registration number o	of this limited liability com	pany is:
4. I, Agnes (Print Na	M Wolfee me of Person Resigning)	, hereby resign as a _	Managen (Prin Title)
	ility company and affirm th	ne limited liability compan	y has been notified of my
	w		
Signature of Resig	ming Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2007 DEC - SECRETA