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(Requestor's Name)			
(Address)			
(Manusco)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE OF CORPORATIONS



ATTORNEYS AT LAW

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

March 4, 2011

State of Florida Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Resignation of Member, Managing Member or Manager

From Florida or Foreign Limited Liability Company

Ladies/Gentlemen:

Enclosed please find the completed Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company completed by Northlake Place, LLC, as Managing Member, along with check number 1421 in the amount of \$25.00, which represents the filing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact Mr. Barra. Our toll-free telephone number is 1.800.976.6955.

Sincerely,

Brenda L. Jernigan

Assistant to Richard K. Barra

:blj

Encs.

K:\FILES\RKB\45107\Department of State 03-04-11.ltr.wpd

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	ECT: 3005 NORTHLAKE BOULEVARD, LLC			
	(Name of Limi	ted Liability Company)		
The enclosing.	osed member, managing member or	manager resignation and fee(s) are submitted for		
Please re	eturn all correspondence concerning	this matter to:		
Richar	rd K. Barra, Esq.	•		
	(Contact Person)	··········		
Scott,	Harris, Bryan, Barra & Jorg	gensen, P.A.		
4400 F	PGA Boulevard, Suite 800 (Address)			
Palm E	Beach Gardens, Florida 33 (City/State and Zip Code)	410		
For furth	er information concerning this matte	er, please call:		
Richar	d K. Barra	at (561) 624-3900		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed	please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a 5 NORTHLAKE BOULE	ppears on the records of the Florida Department EVARD, LLC
2. This limited liabil Florida	lity company was organized un	der the laws of:
3. The Florida document	ment/registration number of thi	s limited liability company is:
4. I, Northlake F	Place, LLC me of Person Resigning)	_, hereby resign as a managing member (Print Title)
of this limited liab resignation in writ NORTHARE PLAC Almited liabil	ility company and affirm the lir ing. E, LLC ∕a Florida	nited liability company has been notified of my
-5 J G	Managing Member	50. 5. 1. 2
Filing Fee: Certified Copy:	• • •	

CR2E079 (5/06)

В