## L03000033762

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TREASURE COAST CONTROL (Name of Limited	DMMUNITIES, L. L. C. Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
PAMELA J. KNOTT (Contact Person)	
(Firm/Company)	
6301 SE FEDERAL Hwy	
STUART, FL 34997 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
PAMELA KNOTT at (Name of Contact Person)	(172) 260-5721 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## 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 of State is:	limited liability company as EEASURE COAST (	it appears on the records  DMMUNITIES,	of the Florida Dep ム・ム.C.	artmen
	ility company was organized	under the laws of:		
FLORIT	<del>)</del>	·		
3. The Florida docu	ument/registration number of	this limited liability con	pany is:	
<u> L030</u>	00033762	<del>·</del>		
4. I, PAMELA (Print N	- KNOTT ame of Person Resigning)	, hereby resign as a	MANAGER (Print Title)	
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability compar	ny has been notified	l of my
Panela	- Knot			
Signature of Resi	gning Member, Managing Me	ember or Manager		
Filing Fee:	\$25.00 (Required)			07 07
Certified Copy:	\$30.00 (Optional)		9	