L030000 39699

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IVISION OF CORPORATIONS

04 EPR 15 PM 3: 22

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: \$\\\\ \partial LOTS O FUN, LLC (Name of Corporation)	
DOCUMENT NUMBER: L 03000039699	٠,
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LARRY WENDELL (Name of Person)	· · · · · · · · · · · · · · · · · · ·
(Name of Firm/Company)	DIVISION OF CT.
3023 BISPHAM ROAD (Address)	
SARASOTA, FL 34231 (City/State and Zip Code)	PH 3: 22
For further information concerning this matter, please call:	•
LARRY WENDELL at (941) 320-1630 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 15, 2004

LARRY WENDELL 3023 BISPHAM ROAD SARASOTA, FL 34231

SUBJECT: \$LOTS O FUN, LLC Ref. Number: L03000039699

We have received your document for \$LOTS O FUN, LLC and your check(stationary totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form, along with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 704A00025032

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	LARRY M. WENDELL hereby resign as VICE PRES (Title)	, 27
of_	FLOTS O FUN LLC (Limited Liability Company) DOCUMENT NO # LO36	000039699
a lir	mited liability company organized under the laws of the State of FLORIDA	2 4
and	affirm that the limited liability company has been notified in writing of the resignation.	SIGN OF CO
	(Signature of resigning manager, managing member or member)	PM 3: 2

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314