## L03000044608

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700184831597

09/01/10--01022--011 \*\*55.00

10 SEP - I AM IO: 07

T. HAMPTON

SEP - 2 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: BLACK BEARD L	
(Name of Limited	Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
J. Robert Brown (Contact Person)	
ONE Grandin Lane (Firm/Company)	
Cincinnati Ohio 45.  (City/State and Zip Code)	208
For further information concerning this matter,	please call:
J. Robert Brown a	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



## 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 limited liability company as it appears on the records of the Florida of State is: Beard LLC	Depa	rtment
2. This limited liability company was organized under the laws of:  Horida.		
3. The Florida document/registration number of this limited liability company is: <u>LO 30000 44608</u>		
4. I, WILLAM A. Eshenhaugh, hereby resign as a MCRM (Print Name of Person Resigning) (Print Til	(le)	
of this limited liability company and affirm the limited liability company has been not resignation in writing.		of my
Mignature of Resigning Member, Managing Member or Manager		ست
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	10 SEP -1 AM II	SECRETARY OF S