## 103000044912

(Re	equestor's Name)	
(Ad	idress)	
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(Cid	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(De	cument Number)	
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Five Trees Developers, LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Michelle Barron		
(Contact Person)		
Law Offices of Frye and Associates, PL		
(Firm/Company)		
20900 West Dixie Highway		
(Address)		
Aventura, FL 33180  (City/State and Zip Code)  (City/State and Zip Code)	42° 13	
(City/State and Zip Code)	F	
For further information concerning this matter, please call:	Total State	
Michelle Barron at (305 ) 931-3200 (207 € 207 €		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$25 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		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as e Trees Developers		of the Florida De	epartment
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida docu L0300004	ument/registration number of 14912	this limited liability com	pany is:	
of this limited lial resignation in wr	ame of Person Resigning)  pility company and affirm the		(Print 扫ffe)	2007 gEC 26 AM 9: 50
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			