10300046132

(Re	questor's Name)	
(Ad	dress)	
	•	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





000131061660

06/12/08--01029--007 **50.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BERNAY CCC (Name of Limited Liability)	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	er to:
Driew Elizabeth Woodka.	
(Firm/Company)	
326 fraction 203 years)	call:
MICHVILE FL 32578 (City/State and Zip Code)	- AMILIA
For further information concerning this matter, please	call:
Selenia Maris at (85	0, 129-7892
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	ida Department of State for: \$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

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 it appears on the records of the Florida Department SEARMAX ENTER PRISES LCC.
2. This limited liab	ility company was organized under the laws of:
Florida	• • • •
110114	iment/registration number of this limited liability company is: DOO 46132
3. The Florida docu	iment/registration number of this limited liability company is:
L0300	20046132
	mg =
4. I, BARRY	ALVIN WOODHAMS, hereby resign as a MANAGEROGA :- ame of Person Resigning) (Print Title)
(Print N	ame of Person Resigning) (Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signatura of Regi	gning Member, Managing Member or Manager
Signarate of Resi	gining internoon, internaging internoon of internager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)