L03000049063

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

Office Use Only



700144359897

02/25/09--01013--018 **25.00

FILED 09 FEB 25 AM 11: 23 SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN

FEB 2:6 2009

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: AND ERSEN LOD (Name of Limited)	GE LLC I Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Davi D Austin (Contact Person)	
ANDENSEN LODGE, LLC (Firm/Company)	
2625 So. ATL. Ave 5	inte 105E HASSEE
2625 So. ATL. AVE S (Address) DAY FONA BCA F/A (City/State and Zip Code)	OPFEB 25 AMII: 23 SECRETARY OF STATE ALLAHASSEE, FLORIDA 108 32/18
For further information concerning this matter,	please call:
Dovid Austin a (Name of Contact Person)	1 (904) 806-4987
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the 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	



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 1 of State is:	imited liability company as in NOER SEN Lodge	it appears on the records of t	he Florida Department
	lity company was organized		
	ment/registration number of 9063	this limited liability compar	ıy is:
4. I, DAVID (Print Na	AUSTIN ume of Person Resigning)	, hereby resign as a <u>6</u>	en. 1119R, CEO (Print Title)
of this limited liab	ility company and affirm the ting.	e limited liability company h	as been notified of my
David	Such		
Signature of Resignature Filing Fee: Certified Copy:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	PILED 09 FEB 25 AM II: SECRETARY OF STALLAHASSEE. FLO