

104 000004299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

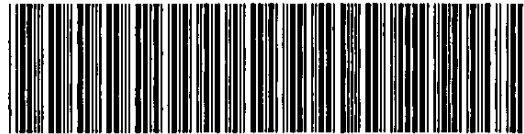
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000081201150

11/03/06--01051--004 \*\*75.00

FILED  
06 NOV -3 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GALE DOWNS CPA**

8168 Munchkin Court  
Jacksonville, FL 32244

gadcpa@comcast.net

904.707.5568  
Fax 264.1897

November 01, 2006

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: LN & EB, LLC

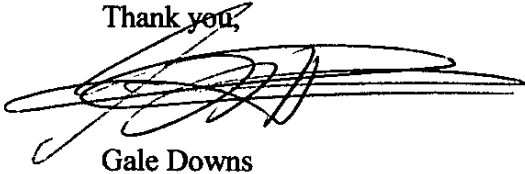
Dir Sir or Madame:

Enclosed please find a firm check for \$75.00 for the following documents:

1. Resignation of Eleanor Bennett from LN & EB, LLC.
2. Statement of change of registered agent from David Craig Calley, Attorney to Gale Downs CPA.
3. Articles of Amendment to Articles of Organization of LN & EB, LLC:  
Article I: Changing the name of the company to LN & GD, LLC.  
Article IV: Changing the registered agent to Gale Downs CPA.

I would appreciate confirmation at your earliest.

Thank you,



Gale Downs

FILED  
06 NOV - 3 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LN & EB, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gale A. Downs

(Name of Person)

Gale Downs CPA

(Firm/Company)

8168 Munchkin Ct

(Address)

Jacksonville, FL 32244

(City/State and Zip Code)

For further information concerning this matter, please call:

Gale Downs

(Name of Person)

at ( 904 ) 707-5568

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)

FILED  
06 NOV -3 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Eleanor K. Bennett, hereby resign as VPS  
(Title)

of LN & EB, LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

Eleanor K. Bennett  
(Signature of resigning manager, managing member or member)

FILED  
06 NOV - 3 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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