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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Birchwood Group (Name of Limite	, LLC d Liability Company)
The enclosed member, managing member or milling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
David Gordon	
(Contact Person)	
(Firm/Company)	
1633 Birchwood St	···
Sarasota, FL 34231	
(City/State and Zip Code) For further information concerning this matter,	nlease call:
•	941 <u>922-9508</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 Birchwood Group	it appears on the records of the Florida Departm , LLC	ent
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L040000		this limited liability company is:	
4. I, Robin Ba		, hereby resign as a manager/mem	ber
	ame of Person Resigning)	(Print Title)	
of this limited liab resignation in wri	· ·	e limited liability company has been notified of	my
Tour	1/201		
Signature of Resi	gning Member, Minaging M	lember or Manager	
/	\bigvee		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		