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C. LEWIS

JAN 2 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Big m /fol-	OIN95 LLC d Liability Company)
The enclosed member, managing member or mfiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
RICHARD MOURE (Contact Person)	
(Contact Person)	
(Firm/Company)	
706 TURN Bull (Address)	AUE 5-103
(·····································	
ALTAMONTE SPRINGS, (City/State and Zip Code)	FL. 32701
For further information concerning this matter,	please call:
Michano moore	(Area Code & Daytime Telephone Number)
(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	\$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
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (5/06)



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PALLAMASSEE, PLONIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company			of the Florida Department
	y company was organi		aws of:	
3. The Florida docum	ent/registration numbe	er of this limited	l liability com	pany is:
10406000	9687-			
		······································		MANAGNS
4. I. RICHAN	O MooR E e of Person Resigning)	, hereb	v resign as a	MEMber
(Print Nam	e of Person Resigning)			(Print Title)
of this limited liabil resignation in writin	ity company and affirn	n the limited lia	bility compan	y has been notified of my
- Relate	me			
Signature of Resign	ifig Member, Managin	g Member or M	lanager	
Filing Fee:	\$25.00 (Required)			
Filing Fee: Certified Copy:	\$30.00 (Optional)			