

LD4000010112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

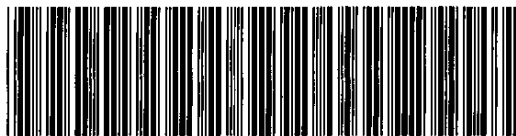
Special Instructions to Filing Officer:

A. LUNT

JAN - 2 - 2008

EXAMINER

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2007 DEC 31 P 4: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURPOSE DRIVEN, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOAN BALDREE

(Contact Person)

PELICAN REAL ESTATE

(Firm/Company)

42 BUSINESS CENTRE DRIVE, SUITE 106

(Address)

MIRAMAR BEACH, FL 32550

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALISON HAND at ( 850 ) 650-0077  
(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:**

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

DEC-28-2007 11:03 From:  
• 06S-11-2007 11:02 From:  
12-19-'07 17:48 FROM-Gerald Coast Title 85065000116

To: 8506500011  
To: 727 578 8833  
T-096 P006/000 F-820

P.2/2  
P.7/7



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 limited liability company as it appears on the records of the Florida Department of State is: PURPOSE DRIVEN, LLC

2. This limited liability company was organized under the laws of  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L04000010112

4. I, PAUL SPINELLI, hereby resign as a MEMBER  
(Print Name of Person Resigning) (Print Title)

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

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR12079 (3/06)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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