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SECRETARY OF SATIONS
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Referred Title	Agency LL (ted Liability Company)
(**************************************	
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	this matter to:
Jeff Hanly (Contact Person)	
Fraclides, Johns (Firm/Company)	··· , · · · · · · · · · · · · · · · · ·
4811 Atlantic B	blud
Jacks on v. lle, f (City/State and Zip Code)	1 32207
For further information concerning this matte	er, please call:
Jeff Hanly (Name of Contact Person)	at (<u>904</u>) <u>434-5534</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$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 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

1. The name of the l	limitad liahilitu aamnan	y as it appears on the records of the Florida	Donostmont
of State is:	referred tit	y as it appears on the records of the Florida le Agency, LLC	=
	lity company was organ		
L04000	011363		
	oility company and affire	, hereby resign as a <u>Manager</u> (Print Tile m the limited liability company has been not	
J		ng Member or Manager	
V			OP AUG
_	\$25.00 (Required) \$30.00 (Optional)		09 AUG -3 /