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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ing Officer: | |
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SEUGETARY OF STATE
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D. BRUCE

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EXAMINER

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CR2E079 (5/05)

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Plantation Development Group, 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: Chris P. Zimmerman (Contact Person) Plantation Development Group, LLC (Firm/Company) 4316 West Broward Blvd. (Address) Plantation, Florida 33317 (City/State and Zip Code) For further information concerning this matter, please call: Chris P. Zimmerman (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



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: Plantation Development | Group, LLC |
| | |
| 2. This limited liability company was organized un | ider the laws of: |
| State of Florida | · |
| 3. The Florida document/registration number of th | is the ited tisbility someony in The S |
| | is limited liability company is: |
| L04000021010 | i ASS |
| 4.1, Lawrence Kramer (Print Name of Person Resigning) | hereby resign as a Managing Member (Prin Title) |
| of this limited liability company and affirm the liresignation in writing. | imited liability company has been notified of my |
| Signature of Resigning Member, Managing Men | nber or Manager |
| Filling Fee: \$25.00 (Kequired) | |

Certified Copy:

\$30.00 (Optional)