

W4000021672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

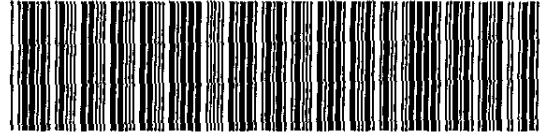
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-21672
JL

CROSS CITY PINE NEEDLES, LLC

1566 High Point Church Road
Pageland, SC 29728
843-672-3247

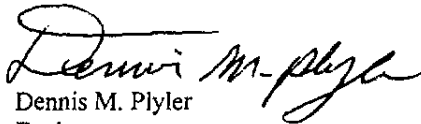
December 20, 2004

Florida Dept of State
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is a check in the amount of \$25.00 to record the resignation of Al James Land from the partnership. Please send us a certified copy. Enclosed is self addressed stamped envelope.

Sincerely,



Dennis M. Plyler
Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC. 15. 2004 11:06AM

NO. 625 P. 1

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Al James Land, Inc., hereby resign as Managing Member
Partner
(Title)

of Cross City Pine Needles, LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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