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(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:					
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATEOURS



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF M FROM FLORIDA OF				R	
t. The name of the limited liab of State is: HARVEY, C	ility company as it appe	ars on the records	of the Florida Depar	iment A, LLC	
2. This limited liability compar FLORIDA	ny was organized under	the laws of:			
3. The Florida document/regist L04000022858	ration number of this lin	mited liability con	npany is:		
4. 1. FLORAN THOMAS (Print Name of Person	, t	nereby resign as a	MEMBER (Print Title)		
of this limited liability comparesignation in writing. Signature of Resigning Mem	iny and affirm the limite	ed liability compa		of my 09 AUG - 3	DIVISION OF
Filing Fee: \$25.00 (Certified Copy: \$30.00 (Required) Optional)			3 AH 9: 31	THE WILL