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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
OF MAY 17 PM 2: 35

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Wolff Hill & Hudson, PL (Name of Lin	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for	filing.
Please return all correspondence concerning this	matter to the following:	
Margaret W. Hudson		
(Name of Person)		
		06 01VI
Wolff, Hill & Hudson, PL		SIO
(Firm/Company)		SECRETARY OF SATIOHS OF MAY 17 PM 2: 35
		1 6 R
1851 W. Colonial Drive		RPO PH
(Address)	·	ARY OF SATIOHS
		35
Orlando, FL 32804		S. S
(City/State and Zip Code)		
For further information companies this meeting	deser call.	
For further information concerning this matter, p	blease call:	
Frank M. Wolff	at (_407)_648-0058	
(Name of Person)	(Area Code & Daytime Telephone Number)	•
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:	·	
\$25 Filing Fee	□\$55 Filing Fee &	
	Certified Copy	
CR2E079 (8/05)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OF MAY 17 PM 2: 35

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

լ, Margaret W. Hudson	, hereby resign as Member
•	(Title)
of Wolff, Hill & Hudson, PL	
(Limited Liabilit	y Company)
a limited liability company organized under the law	vs of the State of Florida
and affirm that the limited liability company has be the sum of ten dollars and other valuable conside Wolff, Hill & Hudson, PL, effective May 12, 2006.	ration, I surrender my membership shares to
Margaret Whide	20ns
	20n

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