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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DESTIN MAINSTREET,	
(Name of Limite	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted fo
Please return all correspondence concerning th	is matter to:
MARK A. VIOLETTE	
(Contact Person)	
MARK A. VIOLETTE, P.A.	
(Firm/Company)	
42 BUSINESS CENTRE DRIVE, S	SUITE 311
(Address)	
MIRAMAR BEACH, FLORIDA 325	550
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
MARK A. VIOLETTE	at (850) 269-7474
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rionaa 52514

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company STIN MAINSTREE	as it appears on the records T, LLC	of the Florida Depar	tment
2. This limited liab	ility company was organiz	zed under the laws of:		
3. The Florida docu L04000032		r of this limited liability con	npany is:	
4. I, KATHY KII	RKLAND	, hereby resign as a	MGRM/MEMB	ER
(Print N	ame of Person Resigning)		(Print Title)	
of this limited liab resignation in wri		the limited liability compar	ny has been notified o	of my
	gning Member, Managing	g Member or Manager	97 JUL -	SECRETAL DIVISION OF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9 PM 4: 01	