

L04000032314

John Wood

(Requestor's Name)

Moultrie Bluff, LLC

(Address)

1100-4 Ponce de Leon Blvd.

(Address)

St. Augustine, FL 32084

(City/State/Zip/Phone #)



PICK-UP



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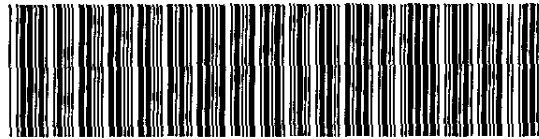
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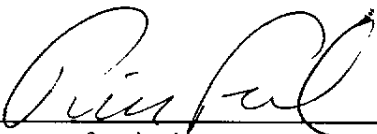
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, TIM FORD, hereby resign as MEMBER/MANAGER  
(Title)

of MOULTRIE BLUFF, LLC. DOCUMENT NUMBER L04000032314,  
(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:  
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