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| (Req | uestor's Name |) | | |
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| (Add | ress) | <u></u> | | |
| (Add | ress) | | | |
| (City | /State/Zip/Phor | ne #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Busi | iness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Fi | iling Officer: | | | |
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B. BOSTICK

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | • | • . |
|---|---|-----------|
| SUBJECT: 2204 DUPLEX, LLC | | |
| (Name of L | Limited Liability Company) | |
| The enclosed member, managing member filing. | or manager resignation and fee(s) are submitted | for |
| Please return all correspondence concerning | ng this matter to: | |
| VARINIA VAN NESS | | |
| (Contact Person) | | |
| VAN NESS LAW GROUP, P.A. | | |
| (Firm/Company) | | |
| 46 NORTH WASHINGTON BO | ULEVARD, SUITE 9 | |
| (Address) | AR AR | E . |
| SARASOTA, FLORIDA 34236 | SSE S | <u></u> မ |
| (City/State and Zip Code) | mc mc | P I |
| For further information concerning this mat | tter, please call: | PM 12: 50 |
| VARINIA VAN NESS | at (941) 362-3560 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable \$25 Filing Fee | to the Florida Department of State for: \$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Callahassee, Florida 32301 | | , |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | ne limited liability company a | s it appears on the records | of the Florida Dep | artmen |
|--------------------------------|--------------------------------------|------------------------------|--------------------|---------------|
| 2. This limited lia | bility company was organized | d under the laws of: | | |
| 3. The Florida do- L0400003 | cument/registration number o | f this limited liability com | pany is: | |
| , | T VAN NESS Name of Person Resigning) | , hereby resign as a | MGRM (Print Title) | . |
| | bility company and affirm th | e limited liability company | | of my |
| Signature of Res | igning Member, Managing M | lember or Manager | 1 | |
| Filing Fee: | \$25.00 (Required) | | SEOF TALLA | <u> </u> |
| Certified Copy: | \$30.00 (Optional) | | AHA. | |

CR2E079 (5/06)