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D. BRUCE

APR - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Terra Par Mer, LLC		
(Name of Limited Liability Com	ipany)	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Robert L. McCullar		
(Contact Person)	-	
	O9 MAR SEOKE ALLAH	
(Firm/Company)	ASS	
2441 U. S. Highway 98 W, Suite 108	MAR 31 PH 12: 4 KETARY OF STATE AHASSEE, FLORIC	
(Address)	- 0R	
Santa Rosa Beach, FL 32459	TE DA	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert L. McCullar at (_850	₎ 622-0888	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 155 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

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 as ra Par Mer LLC	it appears on the records	s of the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doct L0400038	ument/registration number o	f this limited liability con	mpany is:
4. I, Robert L. McCullar (Print Name of Person Resigning)		, hereby resign as a	Member (Print Title)
of this limited lial resignation in wr	bility company and affirm th		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	C	09 MAR 31 P. SECRETARY OF