L04000046301

(Requestor's Name)
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COVER LETTER

SUBJECT: Southchase Commence Center, LCC. (Name of Corporation)
DOCUMENT NUMBER: 61 Corporation)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES F. ANTONUCCI
(Name of Person)
The state of the s
(Name of Firm/Company)
P.O. BOX 452704
(Address)

For further information concerning this matter, please call:

Kissimmee, FL. 34745 (City/State and Zip Code)

JAMES ANTONUCCI at (407, 973-9510

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2006

JAMES F. ANTONUCCI SOUTHCHASE COMMERCE CENTER, L.L.C. P.O. BOX 452704 KISSIMMEE, FL 34745

SUBJECT: SOUTHCHASE COMMERCE CENTER, L.L.C.

Ref. Number: L04000046301

We have received your document for SOUTHCHASE COMMERCE CENTER, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form for your LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please tall (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 506A00001069



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JAMES F. ANTONUCCI, hereby resign as MANAging Members
of Sotthchase Commence Center, LC.
(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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314