(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900063538429

(1/23/06--01027--008 \*\*25.00

06 JAN 23 PH 12: 55

F

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tyter of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandra E. Kuykandall (Name of Person)
(Firm/Company)
Laaa w. 4th st. (Address) (Address) (Address)
Coffeyille KS. 67337 (City/State and Aip Code)
For further information concerning this matter, please call:
Sandra Kuykandall at (620) 251-533 (Name of Person) at (620) 251-533
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
CR2E079 (8/05)  S25 Filing Fee  Certified Copy



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Sandraff Kukandall hereby resign as MERM (Title)
of Interior South on 500th Lay 20048898 (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)

JAN 23 PH 12: 55
LORGIARY OF STATE

### **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