

L04000050466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

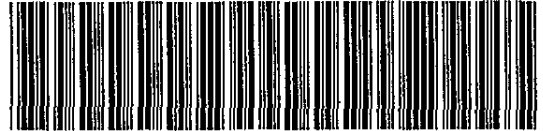
Certificates of Status _____

Special Instructions to Filing Officer:

L04-50466

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800047120408

03/04/05--01027--005 **25.00

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

05 MAR -4 PM 1:45

FILED

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, THOMAS S. HEFFNER, hereby resign as MG RM
(Title)

of MR. GOODLAWN LLC,
(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.

Thomas S. Heffner
(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

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05 MAR -4 PM 1:45
TALLAHASSEE, FLORIDA