

LO4 00005 4 863

Sender's name **M. Austin Forman** Phone **954 581-1220**

Company **AMERICAN MARKETING & MANAGEMENT**

Address **7500 SW 60TH AVE**

Dept./Floor/Suite/Room

City **DAVIE** State **FL** Zip **33314-1783**

Our Internal Billing Reference

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

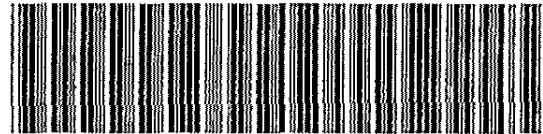
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*1/7
md*



400043702314

01/03/05--01033--008 **25.00

FILED
2005 JAN -3 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

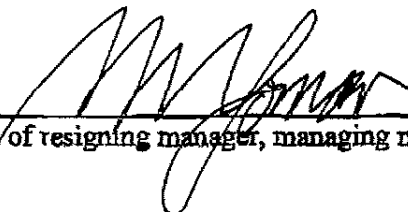
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Miles Austin Forman, hereby resign as Manager/Member
(Title)

of Copans Industrial Center, L.L.C.
(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

2005 JAN -3 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED