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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO:	C	
	Division of Corporations	•
SURI	ECT: SEACASTLE	PROPERTIES, LLC
5000		ame of Limited Liability Company)
The enfiling.		nember or manager resignation and fee(s) are submitted for
Please	e return all correspondence co	oncerning this matter to:
<u></u>	JOHN FERR (Contact Person)	ARI, JR.
	(Contact Person)	
	SEACASTLE PROPER	ETIES, LLC
(66 ISLAND CIRCLE (Address)	<u>\$</u>
	SARASOTA FL 3Y25 (City/State and Zip C	
For fu	orther information concerning	this matter, please call:
	TOHN FERRARI, JR. (Name of Contact Person)	at (94/) 346-0918 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made \$25 Filing Fee	payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS:	: MAILING ADDRESS: Registration Section
_	tration Section ion of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
	nassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as	it appears on the records	of the Florid	a Departi	ment
of State is: _S&	EACASTLE PROPERTIE.	S, LCC			<u>_</u> .
		•			
2. This limited liab	ility company was organized	l under the laws of:			
THE STATE	OF FLORIDA				
3. The Florida docu	ment/registration number of	f this limited liability com	pany is:		
L0400005	6393		- •		

4. I, DIANE	ERRAR Jame of Person Resigning)	, hereby resign as a _	MANAGING	MEMBE	R
(Print N	ame of Person Resigning)		(Print')	Title)	
	bility company and affirm th	e limited liability compan	y has been n	otified of	my
resignation in wr	iting.				
11:000	Strani				
700000	V -43 V				
Signature of Resi	gning Member, Managing N	1ember or Manager			
	•				
Filing Fee:	\$25.00 (Required)			0	B
Certified Copy:				30 S	11SIC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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