## 104000059396

·
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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L. SELLERS

MAY 19 2010

**EXAMINER** 

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05/17/10--01021--002 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CHARTIBENDER LLC (Name of Limited Liability Com	pany)
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
W. CRAIG FAASSEN (Contact Person)	
(Contact Person)	
CHART BENDER	
(Firm/Company)	
1460 SEAGULL DRIVE #202	
(Address)	
PALM HARBOR, FL 34685	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
CIRAIG FAASSEN at (813	2)
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	epartment of State for:
\$25 Filing Fee \$	55 Filing Fee &
	Certified Copy
	MAILING ADDRESS:
	Registration Section
<u>=</u>	Division of Corporations P.O. Box 6327
<b>3</b>	Tallahassee, Florida 32314
Tallahassee, Florida 32301	- minimusoo, 1 10/144 5251 1

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it		of the Florida D	Department
	ty company was organized u	nder the laws of:		
The STAT	E OF FLORIDA	<del></del> ,		
	nent/registration number of the	nis limited liability com	npany is:	
LO4000	54346	·		
4.1, BRIAN F	). SLOYER	, hereby resign as a	MANAGING	DIRECTOR
(Print Nan	ne of Person Resigning)		(Print Title	*)
of this limited liabil resignation in writi	ity company and affirm the lang.	imited liability compar	ny has been notin	fied of my
Brian	P. Sleyer			
Signature of Resign	ning Member, Managing Me	mber or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	` • •			

CR2E079 (5/06)

FILED

10 MAY 17 PH 4: 14

SECRETARY OF STATE