

L040000073548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

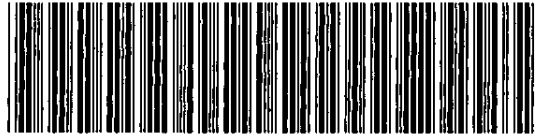
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N. Gulligan DEC 22 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Throdahl Enterprises, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peter J Throdahl
(Contact Person)

Throdahl Enterprises, LLC
(Firm/Company)

3254 Masters Dr
(Address)

Clearwater, FL 33761
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter J Throdahl at (727) 710-3444
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

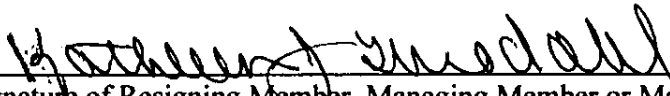


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TALLAHASSEE FLORIDA

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 Florida Department of State is: Throdahl Enterprises, LLC.
2. This limited liability company was organized under the laws of:
Florida.
3. The Florida document/registration number of this limited liability company is:
L04000073548.
4. I, Kathleen Throdahl, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)