## LO4000074189

(Re	questor's Name)	·
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section		
	Division of Corporations	
SUBJ	ECT: Island Breeze Deve	
	(Name of Lim	nited Liability Company)
The enfiling.		r manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning	this matter to:
Mic	hael K. Norbeck	
	(Contact Person)	
	(Firm/Company)	
829	Fairways Court	
	(Address)	
Sto	ckbridge, Georgia 30281	
	(City/State and Zip Code)	
For fu	urther information concerning this matt	ter, please call:
Micl	hael K. Norbeck	<sub>at (</sub> 678 <sub>)</sub> 758-1957
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable	to the Florida Department of State for:
	\$25 Filing Fee	
		Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
Tallah	nassee, Florida 32301	



## 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 i of State is: Island Breeze Develop	it appears on the records of the Florida Department Dment, LLC
2. This limited liability company was organized Florida	under the laws of:
3. The Florida document/registration number of L04000074189	this limited liability company is:
<sub>4. I,</sub> Michael A. Collier	, hereby resign as a MGR
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the resignation in writing.  Signature of Resigning Member, Managing Member,	elimited liability company has been notified of my

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: