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JUN 1 5 2009

Brenda,
This is to replace
the forms and checks
that need correcting.

Thank you, Collen Futch

Let me know if you need to anything else

COVER LETTER

TO: Registration Section Division of Corporations	(4) (4)
SUBJECT: See attachments (Name of Limited Lie	
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Contact Person)	
(Firm/Company)	
8575 SR 207 North	
Hastings F2 3214 (City/State and Zip Code)	4 <u>5</u>
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (A	386) 937-1309 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

O9 JUN -8 PM 2: 09

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:	Florida
2. This limited liab	ility company was organized under the laws of:
_ FEQ	1864, LC.
3. The Florida docu	ment/registration number of this limited liability company is:
L0400	00080169
4. I, ViCki (Print N	Tame of Person Resigning), hereby resign as a Marie (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my
Vici (L Ref.
Signature of Resi	gning Member, Managing Member or Manager
	·
_	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)