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(Requestor's Name)				
(Address)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Zhilly Marie)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filling Office				
Special Instructions to Filing Officer:				
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2011 OCT 31 PN 12 11
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T. CLINE
NOV - 1 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Truman Ave. Condo's, L		<u> </u>	
(Name of Limited	d Liability Company)		
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitte	ed for	
Please return all correspondence concerning this	is matter to:		
Albert L. Kelley			
. (Contact Person)	 		
Albert L. Kelley, P.A.			
(Firm/Company)			
926 Truman Ave.			
(Address)		20 32 14.1	
Key West, FL 33040		LCRE!	٠.
(City/State and Zip Code)		T3 TAR	
For further information concerning this matter,	please call:	OHOCT 31 PN 121 SECRETARY OF STATE LLAMASSEE, FLORID	Į.,
	_{t (} 305 ₎ 296-0160	ORIDE -	, a e e e
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the state of	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, 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

	limited liability company as it appears on man Ave. Condo's, LLC	the records of the Florida Department
2. This limited liab Florida	ility company was organized under the lav	vs of:
3. The Florida doci	ument/registration number of this limited l	iability company is:
4. I, Curtis Skomp as	Manager of Skomp Investments, LLC, hereby	resign as a Managing Member (Print Title)
of this limited lia resignation in wr	pility company and affirm the limited liabi	lity company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	SECRETARY OF TALLAHASSEE. FI

CR2E079 (5/06)