# W4000085097

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Na	me)	
(Do	cument Number	)	
Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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PH 2: 05 COF STATE EE, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: REGNOUP SAPPHINE UC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Lawson (Name of Person)
REGNOUP SAPPHING UC (Firm/Company)
(Firm/Company)
400 SE 6 TH A VE (Address)
Pompano Beach Pl 33060 Fig. 38
For further information concerning this matter, please call:    Ames   Ausua at 954   566 - 99967   Property
JAMES LAWSON at 954, 566-99969 3
(Name of Person) (Area Code & Daytime Telephone Number)
and the second of the second o

Enclosed is a check for the following amount:

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

\$25 Filing Fee

S55 Filing Fee & Certified Copy

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (8/05)

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. REGA	oup DEUELOPMENT LLC, hereby resign as	MGAM	
-		(Title)	
of REC	GROUP SAPPHINE LLC		
	(Limited Liability Company)		
a limited liabili	ty company organized under the laws of the State of	FLORIDA,	
and affirm that	the limited liability company has been notified in writing		
	REGIOUS DEVELOSMENT LLC	SECRET ALLAHA	<u> </u>
_	(Signature of resigning manager, managing member or	member) SE J	m
		STATI LORN	U
_	·	STATE OF	

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314