

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Resign	Office Use On	ılv



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SECRETARY OF STATE
AND ASSEE, FLORID



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Inlet Heights, LLC (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filin
Please return all correspondence concerning this	matter to the following:
James B. Mainor (Name of Person)	
Inlet Heights, LLC	
(Firm/Company)	
721 Ashley Drive	
(Address)	
Crestview, Florida 32536	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
James Barton	at (850) 650-9563
(Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, John C. Gustin, IV	, hereby resign as Member	
	(Title)	
of Inlet Heights, LLC	.,	
(Limited Liability Company)		
a limited liability company organized under the laws of the State of Florida		
and affirm that the limited liability company has been notified in writing of the resignation.		
(Signature of resigning manager, managing member or member)		
V	•	

FILING FEE IS \$25.00

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

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