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(Ac	idress)	
(Ci	ty/State/Zip/Pho	ne #)
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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: florida ventures, Ilc (Name of Limited Lia	bility Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Memb	per or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Amelia J. Lyons		
(Name of Person)		
Florida Ventures, LLC	200b SEC	
(Firm/Company)	ECRETARY	
4708 Hidden River Road	SEE.	
(Address)	<u></u> U	
Sarasota, Florida 34240	2: 05 STATE LORIDA	
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, please c	all:	
Amelia J. Lyons at (	363 <sub>)</sub> 990-2490	
(Name of Person) (A	rea 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)	\$55 Filing Fee & Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Amelia J. Lyons	, hereby resign as Managing member
	(Title)
of Florida Ventures, 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) man	SECRETION AUG 28 P 2: 0: 10 P 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
Tallahassee, FL 32314