104000088674

(Re	questor's Name))	
(Ad	dress)	· ·	
, (Ad	dress)		
(Cit	y/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer:			
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05/27/09--01035--018 **110.00



S. HAWKES

MAY 2 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PALM VISTA HOLDINGS, LLC (Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
ELIZABETH CHRISTIANSON	
(Contact Person)	_
PENCE COMPANIES	_
(Firm/Company)	
300 E. NEW HAVEN AVE	_
(Address)	
MELBOURNE, FL 32901	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	
	837-0350 EXT 19
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for:
\$25 Filing Fee	\$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

	d liability company as it appears on the	records of the Florida Department
of State is: PALM V	ISTA HOLDINGS, LLC	TASE 99
2. This limited liability con FLORIDA	ompany was organized under the laws o	of: 27 PH 4: 33
3. The Florida document/ L0400088674	registration number of this limited liab	ility company is:
4. I, ROY J PENCE		ign as a MANAGER
of this limited liability of resignation in writing.	Person Resigning) ompany and affirm the limited liability	
Filing Fee: \$25	Member, Managing Member or Manag 5.00 (Required) 0.00 (Optional)	eer