

L04000089177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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up

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Commercial Investment Properties, LLC  
(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:

Tim Johnson  
(Name of Person)

CIP, LLC  
(Firm/Company)

3320 San Juan St  
(Address)

Tampa, FL 33629  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Tim Johnson at (813) 389-2566  
(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

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 27, 2005

TIM JOHNSON  
COMMERCIAL INVESTMENT PROPERTIES, LLC  
3320 SAN JUAN ST  
TAMPA, FL 33629

SUBJECT: COMMERCIAL INVESTMENT PROPERTIES, LLC  
Ref. Number: L04000089177

We have received your document for COMMERCIAL INVESTMENT PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you would like to remove both of these people from the LLC for \$25, you must use the enclosed Amendment form. If you would prefer to file the two separate Resignation forms, you must submit an additional \$25, because each Resignation costs \$25 to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 205A00065104

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Robert C Goldhizer, hereby resign as Member  
(Title)  
of Commercial Investment Properties, 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.

Robert Goldhizer  
(Signature of resigning manager, managing member or member)

**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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