

L04000089453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 8 PM 2:10

B. Tedlock JUN 15 2009
B. Tedlock JUN 15 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: See attachments
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Colleen Futch
(Contact Person)

(Firm/Company)

8575 SR 207 North
(Address)

Hastings FL 32145
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Futch at (386) 937-1309
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

09 JUN - 8 PM 2:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida

2. This limited liability company was organized under the laws of:

FED 2729, LLC

3. The Florida document/registration number of this limited liability company is:

L04000089453

4. I, Vicki L Rafuse, hereby resign as a manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Vicki L Rafuse
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)