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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (850) 385-6735 Fax Number : (954)641-4192

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Email	Addzess:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVERBEND AT LAS OLAS, LLC

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B. KOHR

DEC - 4 2 Plectronic Filing Menu Corporate Filing Menu

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**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	limited liability company as ERBEND AT LAS OLA	it appears on the records of t	he Florida Department
2. This limited liabi FLORIDA	lity company was organized	under the laws of:	
3. The Florida docu L040000920	~	this limited liability compan	y is:
4. L LEONARD	E. ZEDFCK ume of Person Resigning)	, heroby resign as a MA	NAGER
	ility company and affirm the	: limited liability company h	
Signature of Resi	gning Member, Managing M	emper or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

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