L04000092784

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	•			

Office Use Only



200184073442

08/16/10--01027--013 **25.00



C. LEWIS

AUG 1 7 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: AUBURN HILLS FAI	The state of the s
(Name of	Limited Liability Company)
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ing this matter to:
DAVID E. CHAPPER	
(Contact Person)	
(Firm/Company)	
4000 NIM 40DD CT	
1230 NW 43RD ST (Address)	
(Addiess)	
DEERFIELD BEACH, FL 3306	64
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
RICHARD WEAVER	at (954) 437-4095
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ble to the Florida Department of State for:
\$25 Filing Fee	
U	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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)

TO:





FILED

2010 AUG 16 PM 4: St.

SECRETARY OF STATE
TABLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as JBURN HILLS FARM	s it appears on the records of the Florida Department S, L.L.C.
2. This limited lial FLORIDA	bility company was organized	d under the laws of:
3. The Florida doc L0400009	_	f this limited liability company is:
4. I, BRUCE H	I. McLANE	, hereby resign as a MEMBER
(Print l	Name of Person Resigning)	(Print Title)
of this limited lia resignation in wi		e limited liability company has been notified of my
	igning Member, Managing N	1ember or Manager
Filing Fee: Certified Conv.	\$25.00 (Required) \$30.00 (Optional)	