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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Land LLC
(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:

David Giorgione (Contact Person)

(Firm Company)

16805 US. Highway 19 N

Clearwater FL 33764

For further information concerning this matter, please call:

David Giverione at (727) 538-3830
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5-06)

2013 MAY -9 PM 2 44
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT 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:	
2. This limited liability company was organized under the laws of: Florida.	
3. The Florida document/registration number of this limited liability company is. LOSOOOO 2226 4. I. Tland Management Inc., hereby resign as a Manager New (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited hability company has been notified of my resignation in writing. Signature of Resigning Member, Manager prember of Manager Filing Fee. \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2013 MAY -9 PM 2 WY TALLAHASSEE, FLORIDA

CR2E079 (5.06)