## L0500000 4149

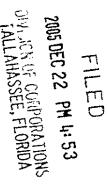
(Requestor's Name)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GRAND EXPECTATIONS, 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:		
Gary D. Payne		
(Name of Person)		
Grand Expectations, LLC		
(Firm/Company)	- Dag	
1085 Andarella Way	2005 DEC 22 PM 4:53  DIN JOH OF JOHP ORATION TALLAHASSEE, FLORIDA	
(Address)	SSEC P	
Vero Beach, FL 32963	TER F	
(City/State and Zip Code)	DATIO	
For further information concerning this matter, please call:	PF	
Gary Payne at ( 772	234-0430	
	e & 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:		
<b>☑</b> \$25 Filing Fee ☐  CR2E079 (8/05)	\$55 Filing Fee & Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, CALVIN O. COX	, hereby resign as Member / MORM (Title)
of Grand Expectations, LLC	
(Limited Liability	ty Company)
a limited liability company organized under the law	vs of the State of Florida
and affirm that the limited liability company has be	en notified in writing of the resignation.
(Signature of resigning manager, r	PoA 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