

L05000004231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

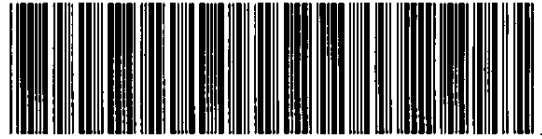
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 26 2009

J. BRYAN

JUN 18 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2009

NORTHWEST FL OPERATIONS INC.
PO BOX 15887
TALLAHASSEE, FL 32317

SUBJECT: INFINITE HORIZONS 101, LLC
Ref. Number: L05000004231

We have received your document for INFINITE HORIZONS 101, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 409A00017643

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinite Horizons 101, 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:

Susan Platt
(Contact Person)

Northwest Fl. Operations Inc.
(Firm/Company)

P.O. Box 15887
(Address)

Tall., Fl. 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Platt at (850) 1256-5475
(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

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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: Infinite Horizons IDI, LLC

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

FL

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

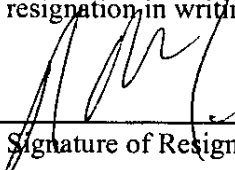
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4. I, Northwest Fl. Operations, Inc, hereby resign as a MGRM

(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.



Signature of Resigning Member, Managing Member or Manager

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

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