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(Requestor's Name) (Address) (Address)		200099773882			
(City/State/Zip/Phone #)			05/01/0701014003 **86.25		
(Business Entity Name)		.			
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Special Instructions to Filing Officer:			TALLI, HASSEE FLORIDA		
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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Blumenthal Group LLC

(Name of Partnership)

DOCUMENT NUMBER: L05000004973

The enclosed Statement of Dissociation for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis Blumenthal

(Name of Person)

Blumenthal Group, LLC

(Firm/Company)

8975 Province St

(Address)

Sarasota, FL 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

Louis Blumenthal

(Name of Person)

at (941) 302-4785

(Area Code & Daytime Telephone Number)

STREET 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 CRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2007

LOUIS BLUMENTHAL 8975 PROVINCE STREET SARASOTA, FL 34240

SUBJECT: BLUMENTHAL GROUP, LLC Ref. Number: L05000004973

We have received your document for BLUMENTHAL GROUP, LLC and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience. Ξ_{M}	2007	
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.		ALTACIONAL CONTRACTOR ALTACIDATION
If you have any questions concerning the filing of your document, please call (850) 245-6020.	I PM	
Tammi Cline	မ္	

Tammi Cline Document Specialist

Letter Number: 607A00030649

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COVER LETTER

TO: **Registration Section Division of Corporations**

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(Name of Limited Liability Company) SUBJECT:

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person)

Blumenthal Story 614 8975 PROVENCE ST.

SARASOTA FL 34240 (City/State and Zip Code)

For further information concerning this matter, please call:

having

(Name of Contact Person) at (<u>946</u>) <u>302-47.85</u> (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 망생 않

CR2E079 (5/06)

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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: <u>BLUMONTHAL</u> GRONPLLC.
- 2. This limited liability company was organized under the laws of:

Flor

3. The Florida document/registration number of this limited liability company is: L0500000 L973

4. I, BlumeniHAL, MARIA (Print Name of Person Resigning) , hereby resign as a PARINER and ME (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: Certified Copy: \$25.00 (Required) \$30.00 (Optional)



CR2E079 (5/06)