10500009508

(Requestor's Name)				
(F	Address)			
·				
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions t	to Filing Officer:			
L.	SELLERS SEP - 22008 EXAMINER			

Office Use Only



100134949421



08/29/08--01008--019 **60.00

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Name of Limite	d Liability Company)	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	1
Please return all correspondent	ondence concerning this matter to	the following:	·
	Alan	Taylor (Name of Person)	
		(Firm/Company)	
	4170 Hall and Bor	(Address)	
	middleburg fl	City/State and Zip Code)	
For further information	concerning this matter, please cal	l:	
Alan (Name	Taylor of Person)	at (<u>'904) 291-8438</u> (Area Code & Daytime To	elephone Number)
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	355.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OR AUG 29 AM 8: 45



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		
	ility company was organized		
L05000	ument/registration number o		
		e limited liability company	
Signature of Res	gning Member, Managing N		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		00 1A

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AUG 29 AM 8: 45

CR2E079 (5/06)