(Requestor's Name)	
•	
(Address)	—
( ida. dit)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
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Office Use Only

G. MCLEOD

MAY - 4 2009

EXAMINER



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## **COVER LETTER**

Division of Corporations	
SUBJECT: Downum & Ingram C (Name of Limited	onstruction, LLC Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
William R. Ingram, III (Contact Person)	
(Firm/Company)	<u> </u>
2608 Clara Kee.Blvd.	
(Address)	
Tallahassee, FL 32303 (City/State and Zip Code)	
For further information concerning this matter,	please call:
William R. Ingram, III at	(850) 694-3252
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the X \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a	is it appears on the records of the Florida Departmentuction. LLC	nent
of State is	, w.i.u (a. 2.1.92 a		<b></b> .
2. This limited liab	ility company was organize	ed under the laws of:	
Florio	la	·	
3. The Florida doce L0500001	<del>-</del>	of this limited liability company is:	
4. I, William R	Ingram, III  Tame of Person Resigning)	, hereby resign as a Managing Member (Print Title)	· 
of this limited lia resignation in wr		he limited liability company has been notified of	my
Millian K Signature of Resi	. Inyay III gning Member, Managing	Member or Manager	_
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	09 MAY -	DIVISION OF

OPMAY - I PM I: I.O