## L05000020183

· (Da	augstor's Namo)			
(Requestor's Name)				
(Add	dress)			
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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2009 MAY -6 AM 11: 17
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY -7 2009

EXAMINER

## **COVER LETTER**

_	stration Section sion of Corporations	
SUBJECT:	Citrus Trace Holdings, (Name of Limi	LLC ted Liability Company)
The enclosed filing.	d member, managing member or	manager resignation and fee(s) are submitted for
Please return	all correspondence concerning	his matter to:
Elizabeth	Christianson	
	(Contact Person)	
Pence Co	ompanies	
	(Firm/Company)	
300 E. Ne	ew Haven Ave	
	(Address)	
Melbourn	e, FL 32901	
	(City/State and Zip Code)	
For further in	nformation concerning this matte	r, please call:
Elizabeth	Christianson	<sub>at (</sub> 321 <sub>)</sub> 837-0350 Ext 19
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to \$\frac{1}{2}\$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
	OURIER ADDRESS:	MAILING ADDRESS:
Registration Division of C		Registration Section Division of Corporations
Clifton Build	ling	P.O. Box 6327
	ive Center Circle Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2009 MAY -6 AM II: 17
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## 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: Citi	rus Trace Holdings, L	.LC	
	oility company was organized	d under the laws of:	
Florida		<del>.</del>	
3. The Florida doc	ument/registration number o	fthia limited lighility com-	
L 0500002		tims minited hability comp	pany is:
Roy I Pai	nce		Managor
4. I, Roy J. Pence		, hereby resign as a _	ivianager
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability compan	y has been notified of my
70	N/m		
Signature of Resi	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		