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| (Re                                     | questor's Name) |           |  |  |
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| (Address)                               |                 |           |  |  |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |                      |  |                                      |
|--|----------------------|--|--------------------------------------|
| SUBJECT: FLORIDA STATE LAND DE   | EVELOPMENT LI        |  |                                      |
| Dear Sir or Madam:   |                      |  |                                      |
| The enclosed Resignation of Member, Man  | nging Member or I    | Manager and fee(s) are su  | bmitted for filing.                  |
| Please return all correspondence concerning  | g this matter to the | following:   |                                      |
| SHERRY VAUGHN  |                      |  |                                      |
| (Name of Person)   |                      |  |                                      |
| FLORIDA STATE LAND DEVELOPMI   | ENTILC               | <u>.</u>   |                                      |
| (Firm/Company)   |                      | <del></del>  |                                      |
| 812 SE 33RD TERRACE  |                      |  |                                      |
| (Address)  | <u> </u>             |  |                                      |
| CAPE CORAL FL, 332904  |                      |  | 7 2                                  |
| (City/State and Zip Code)  |                      | <del></del>  | SEC SEC                              |
| For further information concerning this mai  | tter, please call:   |  | 2005 NOV 10<br>SECRETAR<br>TALLAHASS |
| SHERRY VAUGHN  | at (_239             | 823-2609   | <del>سا</del> مسئلنا                 |
| (Name of Person)   | (Area Co             | de & Daytime Telephone   | Number) FOR STA                      |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                      | MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tailahassee, Florida 33 | S: 39                                |
| Enclosed is a check for the following amo  | aunt:                |  |                                      |
| \$25 Filing Fee  | E                    | ]\$55 Filing Fee &<br>Certified Copy   |                                      |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, STANLEY VOGEL                                 | , hereby resign as            | MERM               |
|--|-------------------------------|--------------------|
|  |                               | (Title)            |
| of FLORIDA STATE LAND DEVELOPMENT LLC            |                               |                    |
| (Limited )                                       | Liability Company)            |                    |
| a limited liability company organized under the  | ne laws of the State of FLOR  | IDA                |
| and affirm that the limited liability company is | as been notified in writing o | f the resignation. |
| Stenfulos  |                               |                    |
| (Signature of resigning mana                     | ger, managing member or m     | ember)             |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Ben 6327
Tallahassee, FL 32314

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