120500025890

(Re	equestor's Name)		
•			
	ddaaa)		
(AC	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
_			
(Bı	ısiness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
	_		
Special Instructions to	Filing Officer:		
		!	
. i			
Resign			
1	Office Use Only		
Office Use Only			



300097676893

04/30/07--01017--009 **25.00

07 APR 30 PM 2: 43

O7 ADD CO. THE ORALLO

CR2E079 (5/06)

₹.

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: True North Enterprises, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Andrew Babiak (Contact Person) True North Enterprises, LLC (Firm/Company) Sarasota, Florida 34276 (City/State and Zip Code) For further information concerning this matter, please call: at (941) 349-4453 (Area Code & Daytime Telephone Number) Andrew Babiak (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 it ue North Enterprises, Ll		rds of the Florida Department
2. This limited liab	pility company was organized u	nder the laws of:	
3. The Florida doc L0500002	ument/registration number of the 5890	nis limited fiability c	ompany is:
4, I. Leslie Bat	oiak	, hereby resign as	, Member
	Name of Person Resigning)	, nereby resign as	(Print Title)
of this limited lia resignation in w	bility company and affirm the litting.	imited liability comp	pany has been notified of my
	D Babril		4/27/07
Signature of Res	igning Member, Managing Men	nber or Manager	Date:////
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)