105000028050

(Re	equestor's Name)	<u> </u>
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	∍#)
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SECRETARY OF THE

05-28050

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Highlands Fina (Name of Limit	ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michael C. Doss (Name of Person)	
(Firm/Company)	
5611 Emerald Rid (Address) Lakeland Fl. 338 (City/State and Zip Code)	
(City/State and Zip Code)	3m 2
For further information concerning this matter, pl	lease call:
Michael C. Doss (Name of Person)	at (863) 602 - 6208 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael C. Doss	_, hereby resign as _	MGRM (Title)	
of Highlands Financial, L (Limited Liabili	ty Company)		
a limited liability company organized under the lav		98 3	· · · · · · ·
and affirm that the limited liability company has be	een notified in writing	g of the resignation	2 ,1
michael De			
(Signature of resigning manager,	managing member of	member)	 >

FILING FEE IS \$25.00

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