

L05000028971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

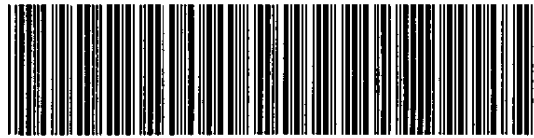
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 27 PM 12:19

T. HAMPTON

APR 28 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PH & P DEVELOPMENT 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:

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(Contact Person)	CAROLYN A POOLE
(Firm/Company)	PH & P DEVELOPMENT LLC
(Address)	1452 LIVE OAK ST
(City/State and Zip Code)	Niceville, Florida 32578

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For further information concerning this matter, please call:

CAROLYN A POOLE at (850-687-1162)  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
[ X ] \$25 Filing Fee | \$55 Filing Fee &  
Certified Copy

**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

FLORIDA DEPARTMENT OF  
STATE DIVISION OF  
CORPORATIONS

**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: P H & P DEVEMOPMENT LLC
2. This limited liability company was organized under the laws of: FLORIDA
3. The Florida document/registration number of this limited liability company is: L0500002897

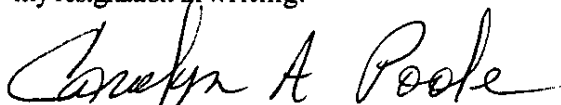
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4.1., CAROLYN A POOLE hereby resign a MANAGING MEMBER

*(Print Name of Person Resigning)*

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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