L050000028984

| (Requestor's Name) |
|--|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: A. LUNT |
| A. LONI |
| AUG - 5 2008 |
| EXAMINER |

Office Use Only



700133693127

08/04/08--01020--008 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | . |
|---|--|
| 0 1 | Liability Company) |
| The enclosed member, managing member or ma filing. | nager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this Pamela T. Karlson (Contact Person) Pamela T. Karlson (Firm/Company) 301 Dal Hall BWd. (Address) Lake Placid, FL 3 (City/State and Zip Code) | DOB AUG -4 P 3: 57 SECRETARY OF STATE LLAHASSEE, FLORIDA P.A. 3852 |
| For further information concerning this matter, panela T. Karlson at (Name of Contact Person) Enclosed please find a check made payable to the \$25 Filing Fee STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | (<u>863</u>) <u>465 – 5033</u> (Area Code & Daytime Telephone Number) |

CR2E079 (5/06)



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 loof State is: | imited liability company as it Red, LLC | appears on the records | of the Flo | orida De | epartment |
|-----------------------------------|--|---------------------------|--------------------------|--------------------|----------------------------|
| | lity company was organized u | nder the laws of: | SECRETARY TALLAHASSEE | 7008 AUG -4 | Albaconess Constitution |
| 3. The Florida docu | ment/registration number of the 5000028984 | nis limited liability com | OF SIATE | LS & Q | Ö |
| 4. I, <u>famela</u> | T. Karlson me of Person Resigning) | , hereby resign as a _ | Man | ager int Title) | <u>Member</u> |
| resignation in write | Warlow | | y has bee | en notifi | ed of my |
| Signature of Resig | gning Member, Managing Me | mber or Manager | | , | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |