## 105000035322

| (Requestor's Name)                                       |
|--|
| (Address)  |
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| (Address)  |
| (City/State/Zip/Phone #)                                 |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)                                   |
| (Document Number)  |
| Certified Copies Certificates of Status                  |
| Special Instructions to Filing Officer:  7/18  D MUN Rep |
| W5-35322   |
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M. HODGES

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July 11, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Dear Sir Madam:

Enclosed is my form to resign as managing member of The Grass Cutter, LLC. It is my understanding that this is the only form that needs to filed with the Division of Corporations. If this is not the case, further instructions would be appreciated. My contact information is:

Natalie McLaren

950 Hancock Creek Blvd. S.

Cape Coral, FL 33903

Phone: (239)823-5982

Best Regards,

Natalie McLaren

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I. Natalie Mclaren                                 | , hereby resign as Managing Member (Title) |                    |    |                |
|--|--|--------------------|----|----------------|
|  |  | (Title)            |    |                |
| of The Grass Cutter, LLC                           |  |                    | ,  |                |
|  | ility Company)                             |                    |    | 2 . <b>.</b>   |
| a limited liability company organized under the la | aws of the State of Flor                   | rida               |    |                |
| and affirm that the limited liability company has  | been notified in writing                   | of the resignation | 1. |                |
| (Signature of resigning manager                    | Cloren, managing member or r               | nember)            | ·  | , <del>*</del> |
|  |  |                    | 8  |                |

## 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