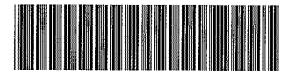
# 105000041765

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name) (D5 - 41765 (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.  4/14  Machine	
2ist date	

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M. Hodese

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SEA SHELL COTTAGE LLC (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 r	matter to the following:
Carolyn Etshman	
(Name of Person)	
SEA SHELL COTTAGE LLC (Firm/Company)	<del></del>
620 SW Riverland Court (Address)	<del></del>
Ft. White FL 32038	_
(City/State and Zip Code)	- <del></del>
For further information concerning this matter, pl	ease call:
Carolyn Etshman (Name of Person)	at (386 ) 454-2836 (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:	
<b></b> ✓ \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Coral Etshman	, hereby resign as Member
	(Title)
of SEA SHELL COTTAGE LLC	
(Limited I	Liability Company)
a limited liability company organized under th	e laws of the State of FLORIDA
and affirm that the limited liability company h	as been notified in writing of the resignation.
(Signature of resigning mana	ger, managing member or 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

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