U050000 42374

(Requestor's Name) (Address) (Address)	4000867012
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COVER LETTER

THTOWN DEVELOPMENT GROUP, UC
(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: INTOWN DEVELOPMENT GROWP, UC (Firm/Company) 826 ESTUARY WAY
(Address) For further information concerning this matter, please call: Barboara T. Ruddo at (561), 703-2870

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

TO:

Registration Section Division of Corporations





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2007

INTOWN DEVELOPMENT GROUP, LLC 826 ESTUARY DELRAY BEACH, FL 33483

SUBJECT: INTOWN DEVELOPMENT GROUP, LLC

Ref. Number: L05000042374

We have received your document for INTOWN DEVELOPMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days our filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 407A00008586

7 FEB 12 PH 3:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it app NTOWN DEVELOPMENT		of the Florida	Departr	nent
2. This limited liabili	y company was organized under			SECRETARY C	07 FEB 12 P
	ent/registration number of this 1	imited liability com	oany is:	FLORIDA * STATE	PM 3: 30
4. I, SAMANTHA (Print Nam	M. SIMONS e of Person Resigning)	hereby resign as a _	MANAGER (Print Ti	itle)	
of this limited liabil resignation in writin	ity company and affirm the limit	ed liability compan	y has been no	tified of	`my
Signature of Resign	ing Member, Managing Membe	r or Manager	· ·	कर ि	
	\$25.00 (Required) \$30.00 (Optional)				