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TO: Registration Section
Division of Corporations

SUBJECT: 27 ST · PETERS BURG DR., LLC

(Name of Limited 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 matter to the following:

Erekyn OTTO	Evelyn oth
(Name of Person)	
227 ST. PETERSUR	es DR., LLC
(Firm/Company)	
346 SHORE DR. E.	
(Address)	
OLDSMAR, FL 34677	
(City/State and Zip Code)	

For further information concerning this matter, please call:

EVELYN 0710, CPA	at (C813), 891-1657
(Name of Person) (Registered Agent)	(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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



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FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, STATE

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER/DA

I EVELYN OTTO	, hereby resign as MANAGING HCHRER	
	(Title)	
of 227 ST. PETERS BURG	DR., LLC	
(Limited Liability	(Company)	
a limited liability company organized under the laws	s of the State of FLORIDA	
and affirm that the limited liability company has been notified in writing of the resignation.		
Evelyn	₹ <u></u>	
(Signature of resigning manager, m	anaging 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