

LD5000052644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

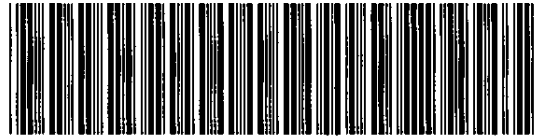
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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25.00
**125.00

2009 MAY 21 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

MAY 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUPA ASSOCIATES LLC
(Name of Limited Liability Company)

05/18/09

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RONALD COLARDI

(Contact Person)

LUPA ASSOCIATES LLC

(Firm/Company)

611 HUDSON BAY DR

(Address)

PALM BEACH GARDENS FL 33410-2193

(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD COLARDI at (561) 799-3895

(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:

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

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TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: LUPA ASSOCIATES LLC 05/19/2009

2. This limited liability company was organized under the laws of:
FLORIDA DEP OF STATE

3. The Florida document/registration number of this limited liability company is:
L05000052644

4. I, PATTI WALSH, hereby resign as a MGR
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in cursive script that reads "Patti Walsh".

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA