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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HOWZE, MONAGHA	
(Name of Li	mited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernin	g this matter to:
Matthew J. Monaghan, Esq.	
(Contact Person)	
Howze, Monaghan & Theriac, F	PLC
(Firm/Company)	
96 Willard Street, Ste. 302	
(Address)	
Cocoa, Florida 32922	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Matthew J. Monaghan	at (321) 639-1320
(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 &
<u>.                                    </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as wze, Monaghan & The		s of the Floric	da Depai	rtment	
2. This limited liab Florida	ility company was organized	under the laws of:				
3. The Florida docu L05000057	ment/registration number of 7340	this limited liability cor	npany is:			
4. I, James Th	eriac ame of Person Resigning)	, hereby resign as a	Managin	g Men	nber	
resignation in wri	pility company and affirm the ting.  ghing Member, Managing M		ny has been r	otified (	of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SECRETAI TALLAHAS	11. NOV 2	ulfakçı (

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