L05000057967

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
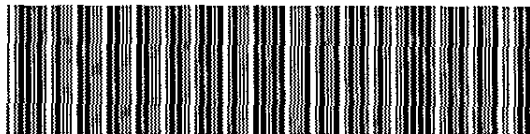(Business Entity Name)

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DIVISION OF CORPORATIONS
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J. BRYAN   AUG - 1 2006

COVER LETTER

TO: Registration Section
       Division of Corporations

SUBJECT: <u>HITE BALDWIN, P.L.</u>

(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:

CATHERINE HITE

(Name of Person)

HITE BALDWIN, P.L.

(Firm/Company)

799 BRICKELL PLAZA, SUITE 700

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

CATHERINE HITE   at (**305**) **373-8100**

(Name of Person)   (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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, BRUCE BALDWIN_____, hereby resign as MANAGER_____
(Title)

of HITE BALDWIN, P.L._____,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA_____,

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

_____
(Signature of resigning manager, managing member or member)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 28 PM 2: 16

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

CR2E079 (8/05)