L05000060143

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600201855046

04/15/11--01030--003 **S5.00

11 APR 15 AHII) 29

COVER LETTER

SUBJECT: (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:
RAIPH W KIRKIAND (Contact Person)
RW Kirkland (Firm/Company)
470 3 Rd STREET South Suite 403
ST. Petersburg, Fl 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
RAINW KIRK land at (813) 546 - 6844 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

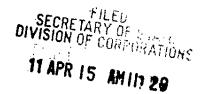
TO:

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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE

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

	of State is:
	2. This limited liability company was organized under the laws of: FIOR DA
	3. The Florida document/registration number of this limited liability company is:
	4. I, RAICH W KIRKLAND, hereby resign as a MANAGING Member (Print Name of Person Resigning), hereby resign as a MANAGING Member
	of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
	Signature of Resigning Member, Managing Member or Manager
(Filing Fee: \$25.00 (Required) 55.00 (Optional)