## L0500061578

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## **COVER LETTER**

CR2E079 (5/06)

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: Indian Sunset, LL	_C
(Name of Li	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Codi McKee	•
(Contact Person)	
Indian Sunset, LLC	
(Firm/Company)	
2826 William Neal Parkway	/
(Address)	
Fort Collins, Colorado 805	25
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Codi McKee	at ( 970 ) 215-2545
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Department of State for:
<b>X</b> \$25 Filing Fee	\$55 Filing Fee &
	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 32301	Tallahassee, Florida 32314
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## 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 of State is:	limited liability company as i	t appears on the records	of the Florida Department
2. This limited liab	oility company was organized	under the laws of:	07 AUG 29 SECREJANS TALLAHASS
L050000		this limited liability com	FILED AM 10: 36 ALLAHASSEE, FLORID ALLAHASSEE FLORID
4. I, Michelle	: Mills	, hereby resign as a	member "
(Print )	Name of Person Resigning)	,,	(Print Title)
resignation in w	ibility company and affirm the riting.	limited liability compar	ny has been notified of my
Signature of Res	igning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		