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(Re	equestor's Name)		
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#### **COVER LETTER**

TO: **Registration Section** Division of Corporations RUST SUBJECT: (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:

CALPH E CARTER ST TAUST CAPITAL, LLC (Firm/Company) SEP 25 4532 TAMIAMI TAAIL E. # 202 U NAPLES, PL 34112 (City/State and Zin Code) 2

For further information concerning this matter, please call:

ARTER at (239) 783-0418 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Euclosed is a check for the following amount:

\$25 Filing Fee CR2E079 (8/05) X

MAILING ADDRESS:

☑\$55 Filing Fee &

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## **RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, JEFF SLEBODA	_, hereby resign as _	MGRM		
	_	(Title)		
of ST TRUST CAPITAL,	LLC.			
(Limited Liabilit	y Company)			
a limited liability company organized under the law		FLZADA		
and affirm that the limited liability company has been notified in writing of the resignation.				
Soffel	oda			
(Signature of resigning manager, r	nanaging member or	member)		
		A 0		

## 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)

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