

L05000064951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

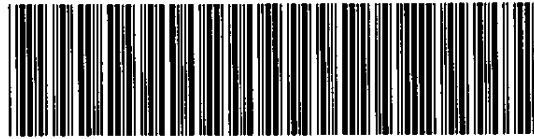
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
09 NOV 19 AM 10:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FALL AMASSE, FLORIDA

FILED  
09 NOV 19 PM 2:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

NOV 19 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRAKE MASTRY PROPERTIES, LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**STACY SMALL**

(Contact Person)

**SMITH THOMPSON SHAW & MANAUSA, P.A.**

(Firm/Company)

**3520 THOMASVILLE ROAD, 4th FLOOR**

(Address)

**TALLAHASSEE, FLORIDA 32309**

(City/State and Zip Code)

For further information concerning this matter, please call:

**STACY SMALL**

(Name of Contact Person)

at ( **850** ) **893-4105**

(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 &  
Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **DRAKE MASTRY PROPERTIES, LLC**

2. This limited liability company was organized under the laws of:  
**FLORIDA**

3. The Florida document/registration number of this limited liability company is:  
**L05000064951**

4. I, **MICHAEL MASTRY**, hereby resign as a **MEMBER & MANAGING MEMBER**  
(Print Name of Person Resigning) (Print Title)  
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

*Michael Mastry*

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)