

L05000064951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

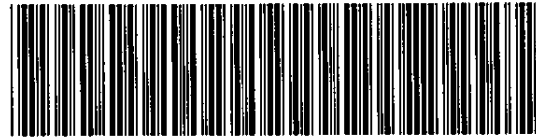
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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

B. KOHR

NOV 19 2009

EXAMINER

COVER LETTER

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

TO: Registration Section
Division of Corporations

SUBJECT: DRAKE MASTRY PROPERTIES, LLC
(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:

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



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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 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)