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	•
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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Resign	
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D6 AUG -3 PM 1: 46
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (8/05)

SUBJECT: LAKE MATCHNEHA PARTNERS, LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for f	iling
Please return all correspondence concerning this matter to the following:	
Blaine C. Dickerson (Name of Person)	
Dickerson, Hurphy, Rex & Sloan	
980 N. federal Highway Ste 410	
Boca Raton ft 33432 O	
For further information concerning this matter, please call:	
BLAINE C. DICKENSON at (S61) 391-1900 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	SER_
of LAKE HATCHINEHA PARTNERS LLC (Limited Liability Company)	,
a limited liability company organized under the laws of the State of FLORIC	ΣA
and affirm that the limited liability company has been notified in writing of the resignature of resigning manager, managing member or member)	06 AUG -3 PM 1:46 SECRETARY OF STATE -TALLAHASSEE, FLORID

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tullahassee, FL 32314