L05000066090

(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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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

OCT 2.3 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: McBride Woodbridge Ma (Name of Limited	rketing LLC
`	• • •
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Suzanne McBride	
(Contact Person)	
McBride Woodbridge Marketing, LL	.c
(Firm/Company)	
150 Coconut Drive, #202	
(Address)	
Indialantic, FL 32903	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Suzanne McBride at	321 837-1000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
✓ \$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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

.2009 OCT 22 PM 2: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1. The name of the limited liability company as it ap of State is: McBride Woodbridge Market	
2. This limited liability company was organized und Florida	er the laws of:
3. The Florida document/registration number of this L05000066090	limited liability company is:
_{4. I,} K. Amelia Woodbridge	, hereby resign as a Managing Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation in writing.	nited liability company has been notified of my
K. Quella Woodbudge Signature of Resigning Member, Managing Member	per or Manager effective 10/31/09 11:59 pm

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