## LD500067408

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D. BRUCE

APR 0 6 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: Company)  (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:
(Contact Person)
Firm/Company)
P.O. Box 218
Boca Pator, FL 33429 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (SU) 368-0008 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it appear	rs on the records of the Florida	a Department	
2. This limited liabili	ty company was organized under the County Horiou.	ne laws of:		
_	nent/registration number of this lim	ited liability company is:		
4. I, (Print Nam.	he of Person Resigning)	reby resign as a OFFice (Print T	Tule)	
of this limited liabil resignation in writin	ity company and affirm the limited ng.	liability company has been no	otified of my	
Signature of Resign	ing Member, Managing Member o	r Manager	12 APR	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-5 M I: 05  ARY 0F:STATE  ASSEE, FLORIE	