05000072197

(Requestor's Name)					
(Ad	(Address)				
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(Address)					
<u> </u>	ty/State/Zip/Phone #)				
(CI	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name)				
	. ,				
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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N: 62000 OCT - 6 2000

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brevard 270, LLC	•
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted fo
Please return all correspondence concerning this matter to	:
Dan Logan	
(Contact Person)	-
(Firm/Company)	
17888 Brian Way	i jaka manan menangan dianggan dianggan dianggan dianggan dianggan dianggan dianggan dianggan dianggan diangga Li
(Address)	
Jupiter, FL 33478	_
(City/State and Zip Code)	• •
For further information concerning this matter, please call	
Dan Logan at (561	747-2316
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$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
CRATAGE (4/04)	



08 OCT -3 AMII: 18 SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a vard 270, LLC		s of the Plotted Department
2. This limited liab Florida	ility company was organize	d under the laws of:	
		· ·	•
3. The Florida doct L05000072	ument/registration number o 2197	f this limited liability cor	npany is:
_{4. I,} Sylvia L. L	ee _.	, hereby resign as a	Member
	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	oility company and affirm thiting.	ne limited liability compa	ny has been notified of my
Deline			
Signature of Resi	gning Member, Managing N	Member or Manager	
		· 7	•
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		