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## **COVER LETTER**

Division of Corporations
SUBJECT: Brevard 270, 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:
Dan Logan
(Contact Person)
(Firm/Company)
17888 Brian Way
(Address)
Jupiter, FL 33478
(City/State and Zip Code)
For further information concerning this matter, please call:
Dan Logan  (Name of Contact Person)  at (561) 747-2316  (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$
\$25 Filing Fee \$25 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)



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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

of State is: Brevard 270, LLC	
2. This limited liability company was organized under the laws of:  Florida	
3. The Florida document/registration number of this limited liability con	npany is:
4. I, Jeffrey C. Lee , hereby resign as a (Print Name of Person Resigning)	Managing Member and Member
of this limited liability company and affirm the limited liability comparesignation in writing.	•
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	