

| (Address)                               |  |  |
|---|--|--|
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|   |  |  |
| IL                                      |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only

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G. MCLEOD

AUG - 7 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section                                |  |
|---|--|
| Division of Corporations                                |  |
| SUBJECT: 4113 Regency Palms, L                          |  |
| (Name of Limite   | ed Liability Company)  |
| The enclosed member, managing member or n filing.       | nanager resignation and fee(s) are submitted for                       |
| Please return all correspondence concerning the         | nis matter to:   |
| THOMAS M. CLARK, ESQ.                                   |  |
| (Contact Person)  |  |
| THOMAS M. CLARK, PA                                     |  |
| (Firm/Company)  |  |
| 2400 E. COMMERCIAL BLVD., S                             | UITE 820   |
| (Address)   |  |
| FORT LAUDERDALE, FLORIDA                                | 33308  |
| (City/State and Zip Code)                               |  |
| For further information concerning this matter          | , please call:   |
| Pam Clark   | 954 <u>776 3800</u>  |
| (Name of Contact Person)                                | (Area Code & Daytime Telephone Number)                                 |
| Enclosed please find a check made payable to            | the Florida Department of State for:  \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS:                                 | MAILING ADDRESS:   |
| Registration Section Division of Corporations           | Registration Section Division of Corporations                          |
| Clifton Building  | P.O. Box 6327  |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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

| 1. The name of the limited liability company as of State is: 4113 Regency Palms, L | s it appears on the records of the Florida Department  LC |
|--|---|
| 2. This limited liability company was organized FLORIDA                            | d under the laws of:                                      |
| 3. The Florida document/registration number of L05000073161                        | f this limited liability company is:                      |
| 4. I, SORIN ARDELEAN   | , hereby resign as a MGRM                                 |
| (Print Name of Person Resigning)   | (Print Title)   |
| of this limited liability company and affirm the resignation in writing.           | e limited liability company has been notified of my       |
| - fellet   |   |
| Signature of Resigning Member, Managing M  | flember or Manager  |
| •  | 9   |

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)

DIANSION OF CORPORATION

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