L05000075151

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Silyi-State)_ipii Hollo II)
PICK-UP WAIT MAIL
(Business Entity Name)
LCS-75151
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPERATIONS

N. Culligan APR 6 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2011

GARY MARTIN 395 LOBLOLLY BAY DRIVE SANTA ROSA BEACH, FL 32459

SUBJECT: SANTA ROSA BUILDERS, LLC

Ref. Number: L05000075151

We have received your document for SANTA ROSA BUILDERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

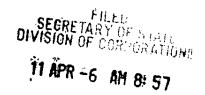
Letter Number: 011A00007268

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SANTA ROSA Build (Name of Limited Liability Co	empany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
GARY MARTIN (Contact Person)	- I Am Romoving - my self from this conp.
(Contact Person)	my self from the
	orp.
(Firm/Company)	_
395 loblolls BAT Dr.	_
Suy tu Rosa Boash, Fl. (City/State and Zip Code)	_ 32459
For further information concerning this matter, please call	:
(Name of Contact Person) at ((Area Code	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
ALREAPY SELT IT IN.	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	1 W.

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 it appears on the records of the Florida Department of State is: Santa Resa Building LLC.
2. This limited liability company was organized under the laws of: STATE OF FULLA.
3. The Florida document/registration number of this limited liability company is: **REF # LOS 0000 75/5/**.
4. I, GARY T MARTIN , hereby resign as a <u>MANAGIN</u> MEMBEN (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)