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COVER LETTER

Division of Corporations			
SUBJECT: OfficeSuites I, LLC	nited Liability Cor	noany)	
Dear Sir or Madam:			
Dear Sir of Madant.			
The enclosed Resignation of Member, Managing	g Member or M	lanager and fec(s) are submitte	d for filing.
Please return all correspondence concerning this	matter to the f	ollowing:	
Scott Wood			
(Name of Person)	···		
OfficeSuites I, LLC		ابر با	DIV.
(Firm/Company)	,		自己
P.O. Box 24418		_	PILLE DIN 1: 50 PM 1: 50
(Address)			FIG
Tampa, FL 33623-4418			080
(City/State and Zip Code)			75
For further information concerning this matter, p	olease call:		
Scott Wood	_{at (} 813	251-2130	
(Name of Person)	(Area Cod	e & Daytime Telephone Numl	per)
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 32301		Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
☐\$25 Filing Fee	[ল	\$55 Filing Fee &	
_ •		Certified Copy	
CR2E079 (8/05)	*	*F*	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

L David Culligan	, hereby resign as Member
	(Title)
of OfficeSuites I, LLC	<u> </u>
	(Limited Liability Company)
a limited liability company organize	ed under the laws of the State of Florida
	hing manager managing member or member) ALAHASSEE, FLORIDA

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314