105000070440

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SECRETARY OF STATE
OF ANALYSEE FLORIE

D. BRUCE
MAY 15 2009
EXAMINER.

COVER LETTER

Division of Corporations			
SUBJECT: TAYTOR LLC (Name of Limited Li	Ablib. Commun.		
(Name of Limited Li	aomity Company)		
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for		
Please return all correspondence concerning this n	natter to:		
Mona Peterson			
(Contact Person)	SE SE		
Tou Tou III O	CORE CAH	•	
TayTor LLC (Firm/Company)	——————————————————————————————————————	•	
(rim/company)	SEE CY C	1	
PO Box 51198	09 MAY 15 PM 4:07 SECRETARY OF STATE TALLAHASSEE. FLORIDA		
(Address)	O7		
Jacksonville Beach, FL 32240	D		
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Mona Peterson at (904) 813-1384		
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy		
CTREET/COURIED ADDRESS.	MAILING ADDRESS.		
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2009

MONA PETERSON PO BOX 51198 JACKSONVILLE BEACH, FL 32240

SUBJECT: TAYTOR LLC Ref. Number: L05000076440

We have received your document for TAYTOR LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 209A00015490

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SECRETARY OF STATE



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 of State is: TA	limited liability company as YTOR LLC	it appears on the records	s of the Florida Department
	ility company was organized PARTMENT OF STATE		PORATIONS
3. The Florida docu L05000076	ment/registration number of 3440	this limited liability cor	npany is:
4. I, Bruce Pete	Prson ame of Person Resigning)	, hereby resign as a	Manager (MGRM) (Print Title)
of this limited lial resignation in wri	oility company and affirm the		ny has been notified of my
J	\$25.00 (Required)	emoci of wanage	PILE DO MAY 15 PM 4 SECRETARY OF STALLAHASSEE, FLO