

L05000 076701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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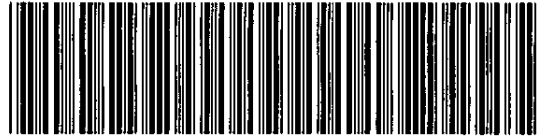
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 26 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADDISON RESERVE, 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:

TYLER A. GOLD, ESQ.
(Contact Person)

TYLER A. GOLD, P.A.
(Firm/Company)

1000 S. PINE ISLAND RD., #310
(Address)

PLANTATION, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

TYLER A. GOLD, ESQ. at (954) 565-5577
(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

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: ADDISON RESERVE, LLC

2. This limited liability company was organized under the laws of:
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:
L05000076701

4. I, ARACELLI BROWN, hereby resign as a MGRM/MGR
(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.

* Aracelli Brown 10/20/08
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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