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J. BRYAN

APR 18 2008

**EXAMINER** 

## **COVER LETTER**

CR2E079 (5/06)

	ration Section on of Corporations				
SUBJECT:	KOCHMAN (N	<b>₡ ८</b> (	ited Liability Con	npany)	
The enclosed filing.	member, managing n	nember or	manager resig	nation and fee(s) are submitted	for
Please return	all correspondence co	oncerning	this matter to:		
Stepl	Contact Person	inick	2	_	
	(Contact Person)  ANIC A - Re  (Firm/Company)		_		NO LOS 17 PM
203	3 Wood S	1. 54	200	_	PH 1:21
_Sun	City State and Zip	342 Code)	37	_	
For further in	formation concerning	this matt	er, please call:		
Stepha (Na	me of Contact Person)	cke	at ( 941 (Area Code	366 - 1630 & Daytime Telephone Number)	
Enclosed plea	se find a check made \$25 Filing Fee	payable t	o the Florida I	Department of State for: \$55 Filing Fee & Certified Copy	
Registration S Division of C Clifton Buildi	orporations ing ve Center Circle	:		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 Dep of State is: KOCHMAN & CLAYTON, LLC	eartment
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:	
4. I, OFF Clayton, hereby resign as a Maraging Me (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified resignation in writing.	
Signature of Resigning Member, Managing Member or Manager	BIVISION OF 1
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	CORPORATIONS 7 PM 1:21