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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		!		
	<u> </u>			

Office Use Only



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SECRETARY OF STATE OIVISION OF CORPORATIONS

J. BRYAN MAR - 8 2007.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3020 Partners, LLC	,
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Anthony C. Soviero	97
(Contact Person)	07 HAR -7 PH 12: 5
(Firm/Company)	
138 North Swinton Avenue	72: 5
(Address)	
Delray Beach, FL 33444	·
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Anthony C. Soviero	278-0098
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it a 20 Partners, LLC	ppears on the recor	rds of the Florida D	epartment ·
		i	,	1
2. This limited liab Florida	ility company was organized und	der the laws of:		OT MAR - 7
		• -		•
3. The Florida doc <u>L0500008</u> (ument/registration number of this 0440	s limited liability c 	ompany is:	7 PH 12: 57
_{4. I,} Charles W	/alter	_, hereby resign as	Manager/Me	ember
(Print A	lame of Person Resigning)		(Print Title,)
of this limited lia resignation in wr	bility company and affirm the lin iting.	nited liability comp	pany has been notif	ied of my
July 111	180A	·		
Signature of Res	igning Member, Managing Mem	ber or Manager	on a fine arrestificação.	reference
Filing Fee:	\$25.00 (Required)		;	1
Certified Copy:	\$30.00 (Optional)			•