

LD5000082201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

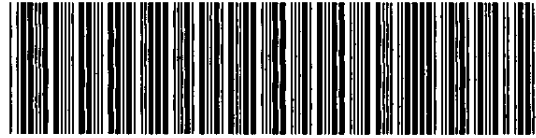
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600135533536

09/15/08--01012--012 **25.00

FILED
08 SEP 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA



3250 Mary Street ■ Suite 500 ■ Coconut Grove, FL 33133 ■ Tel: 305.860.8188 ■ Fax: 305.860.8308 ■ www.HousingTrustGroup.com

September 12, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Registration Section

Re: Carmelken, LLC/Resignation of Member, Managing Member or Manager from a Florida or Foreign Limited Liability Company

Enclosed please find the following items pertaining to the above referenced matter:

- Cover Letter
- Completed Resignation of Member, Managing Member or Manager from a Florida or Foreign Limited Liability Company Form
- Check in the amount of \$25.00

Please file this completed form. Please contact Matthew Rieger, Esq. At (305) 860-8188 should you have any questions or need further information regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mellisa Soucy', with a long, sweeping horizontal line extending to the right.

Mellisa Soucy
Office Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carmelken, 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:

Matthew Rieger
(Contact Person)

Law Offices of Matthew Rieger
(Firm/Company)

3250 Mary St. Suite 500
(Address)

Coconut Grove FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Rieger at (305) 860-8188
(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: Carmelken, LLC

2. This limited liability company was organized under the laws of:

Florida

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

L05000082201

4. I, John Bryan, hereby resign as a Manager
(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.

Signature of Resigning Member, Managing Member or Manager

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

FILED
08 SEP 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA