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TALLAHASSEE, FI ORDINA

D. BRUCE

SEP 0 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NORTH HYDE PARK CI	TYHOMES LLC	
(Name of Limi	ted Liability Company)	
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for	
Please return all correspondence concerning	this matter to:	
MARY KARN		
(Contact Person)	<del></del>	
RICHARDS, GILKEY, FITE, Slag (Firm/Company)	ughter, PRATESI & WARD PA	
1253 PARK STREET	<b>T</b>	
(Address)	S S S	
CLEARWATER FLORIDA 33756 (City/State and Zip Code)	EP-8 F	
For further information concerning this matter	er, please call:  FLORIF	
MARY KARN	_at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to x \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee &  Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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

	e limited liability company as in DRTH HYDE PARK CIT		s of the Florida Department
2. This limited lia FLORIDA	bility company was organized u	ınder the laws of:	
3. The Florida doo 	cument/registration number of t	his limited liability con	mpany is:
· · · · · · · · · · · · · · · · · · ·	M MANAGEMENT INC	, hereby resign as a	MANAGING MEMBER
•	Name of Person Resigning) ability company and affirm the riting.	limited liability compa	(Print Title) ny has been notified of my
	Itel		25 85 SE
Signature of Reai	gning Member, Managing Membe	r or Manager	HASSEN F
Filing Fee:	\$25.00 (Required)		PM 3:
Certified Copy:	\$30.00 (Optional)		TALL ORIG