## 105000084944

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
• (Dusiness Entry Name)				
- (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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01/26/09--01017--027 \*\*50.00



D. BRUCE
JAN 27 2009
EXAMINER



## 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 I of State is:	imited liability company and KY 13, LL	as it appears on the records	of the Florida Department
2. This limited liabi	lity company was organiz	ed under the laws of:	
3. The Florida docu	ment/registration number	of this limited liability com	npany is:
4. I, Elizabe (Print No	A. HeiMAII ume of Person Resigning)	, hereby resign as a	Manager (Print Tible)
of this limited liab resignation in writ		the limited liability compar	ny has been notified of my
Signature of Resi	gning Member, Managing	Member or Manager	
Signature of Resig	gining ivientoer, ividinaging	, ividinatel of ividinagei	09 TALL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		JAN 2 RETAR AHASS