## 10500008400/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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03/03/10--01027--005 \*\*55.00



D. BRUCE
MAR 0 4 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations					
SUBJECT: Morningside Developmen	it of Bay (	County, LLC			
(Name of Limited					
The enclosed member, managing member or ma filing.	nager resign	ation and fee(s) are submitted for			
Please return all correspondence concerning this	matter to:				
Dana P. Dunnigan					
(Contact Person)					
		. برسور د م			
(Firm/Company)		IO M LLAP			
700 Monty Circle		TAR -			
(Address)					
Panama City Beach, FL 32405		MAR -3 PM 3: 1 CRETARY OF STATAL AHASSEE, FLORI			
(City/State and Zip Code)		16 10A			
For further information concerning this matter, p	olease call:				
Dana P. Dunnigan	<b>850</b>	258-3882			
		& Daytime Telephone Number)			
Enclosed please find a check made payable to the	ie Flor <u>ida</u> De	epartment of State for:			
\$25 Filing Fee	55 Filing Fee &				
		Certified Copy			
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building 2661 Executive Center Circle		P.O. Box 6327			
2661 Executive Center Circle		Fallahassee Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap			orida De <sub>l</sub>	partm	ent
2. This limited liabilit	cy company was organized und	ler the laws of:		MALLAHASSE	10 MAR -3	
3. The Florida docum L05000860	ent/registration number of this	s limited liability con	npany is:	OF STATE FLORIDA	PH 3: 16	MO
•	e of Person Resigning)	, hereby resign as a	(Pr	rint Title)		
of this limited liabil resignation in writing	ity company and affirm the ling.	nited liability compar	ny has bee	en notifie	d of	my
Signature of Resign	ing Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					