

(Re	equestor's Name)	
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(70	idless)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(D.	·	
(DC	ocument Number)	
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Certified Copies	_ : _ Certificates	of Status
Special Instructions to	Filing Officer:	
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Resign		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southern Oaks of Se (Name of Limited)	bring, LLC I Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Charles S. Cullens	
(Contact Person)	
Southern Oaks of Sebring LLC	
(Firm/Company)	
P O Box 73	
(Address)	
Sebring, Florida 33871-0073	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Charles S. Cullens	, 863 <u>381-0757</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department 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	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 a hern Oaks of Sebr		of the Florida Depa	rtment
2. This limited liability State of Flo	y company was organized un Orida	der the laws of:		
3. The Florida docum L0500086	ent/registration number of thi	s limited liability comp	oany is:	
4. I, Jack H. Me	cGhee e of Person Resigning)	_, hereby resign as a _	Member (Print Title)	
	ity company and affirm the lin	nited liability company	,	of my
Signature of Resign	ing Member, Managing Mem	ber or Manager	. 07 JUN -4	SECRETAR DIVISION OF (
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 2: 56	The ATE