L05000088047

• (Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:

-5

L. SELLERS

MAY - 8 2009

EXAMINER

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9 MAY -7 PH 2: YO

COVER LETTER

Division of Corporations	
SUBJECT: TRADEWILOS 246, (Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
CAROLY J SM LTH (Contact Person)	
(Firm/Company)	
309 HIBISCUSTEAU (Address)	
MELBOURNE BEACH FL 329 (City/State and Zip Code)	51
For further information concerning this matter, p	please call:
(Name of Contact Person) at ((321) 371-0875 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		s it appears on the records of	
2. This limited liab	ility company was organize	d under the laws of:	
FLOR	401	·	
	ument/registration number (20088047	of this limited liability compar	ny is:
,		, hereby resign as a	,
resignation in wr	- · ·	the initied habitity company is	ias been notined of my
Caro	gning Member, Managing		
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O9 MAY SECRE TALLAH

CR2E079 (5/06)