105000094071

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| · |

Office Use Only



300185715693

09/23/10--01020--003 **25.00



S. HAWKES

SEP 2 4 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Clearlake Pines Holdings | |
| (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 | s matter to: |
| Martha Hanlon | |
| (Contact Person) | |
| (Firm/Company) | |
| | |
| 10357 Anson Avenue | |
| (Address) | di tari ku ili ku ili ku ili ku |
| Cupertino, CA 95014 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | please call: |
| Martha Hanlonat | 408 420-9905 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the | ne 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 | • |
| CR2F079 (5/06) | |





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as it ap rlake Pines Holdings LL | pears on the records of the Florida E.C | Department |
|------------------------------------|---|---|------------|
| 2. This limited liability Florida | ty company was organized und | er the laws of: | |
| 3. The Florida docum L050000940 | nent/registration number of this | limited liability company is: | |
| 4. I, Bernice Ros | ssi | , hereby resign as a Manager (Print Title | -1 |
| | ity company and affirm the lim | ited liability company has been noti | |
| | Parri 9-7-10 ning Member, Managing Memb | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |
| | • | , | |
| , , , | | | |

CR2E079 (5/06)