L05000095820

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	:y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
. (Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
·				
•				

Office Use Only



200159539022

08/17/09--01013--012 **35.00

FILED

09 AUG 26 AM II: 36

SECRETARY OF STATE
ALLI ANASSEE, FLORIDA



J. BRYAN

AUG 27 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2009

WILLIAM CRESCENZO CRESCENZO HOLDINGS, LLC 3101 N. NEBRASKA AVE. TAMPA, FL 33603

SUBJECT: CRESCENZO HOLDINGS LLC

Ref. Number: L05000095820

We have received your document for CRESCENZO HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

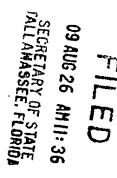
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 309A00028216



्रेट केट कराई प्रकार व एका व एका ले क्षित्र किएमा के लिस केट प्रकार व जन्म

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CRESCENZO HOLDINGS (Name of Limited Liability Con		_
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitte	d for
Please return all correspondence concerning this matter to:		
WILLIAM CRESCENZO (Contact Person)	-	
CRESCENZO HOUDINGS LLC (Firm/Company)	- ALLAH	O9 AU Secre
3101 N. NEBRASKA AVE.	ASSET	AUG 26 AM II: 36 CRETARY OF STATE
TAMPA, FL 33663 (City/State and Zip Code)	FLORIDA -	STATE
For further information concerning this matter, please call:		
WILLIAM CRESCEN 70 at (866 (Name of Contact Person) (Area Code		-
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$35 -	Department of State for: 655 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

1. The name of the	limited liability company	y as it appears on the records of	
of State is:	CRESCENZO	HOLDINGS LLC	99 ALL
	pility company was organi	ized under the laws of:	AUG 26 AM II: 36 CRETARY OF STATE AHASSEE. FLORID
3. The Florida doc	ument/registration numbe	er of this limited liability comp	pany is:
<u> L050</u>	000 95820	.	
	BEHRENDT Name of Person Resigning)	, hereby resign as a _	MGR (Print Title)
of this limited lia resignation in w	ability company and affirm	n the limited liability company	,
Signature of Res	igning Member, Managin	g Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		