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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Siecta Plaza True (Name of Limited Liability)	stors, UC
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
WArren Nickernell JR.	<del></del>
Elite Program Services, In	OT JUN 11 PM 2: 40
6583 Midnight Pass K	OF CORPORATION OF COR
Sana Sota FL 34242 (City/State and Zip Code)	2: 40
For further information concerning this matter, please ca	11:
(Name of Contact Person)  (Name of Contact Person)  (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a 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

1. The name of the limited liability company of State is: Siesta Plaz	as it appears on the records of the Florida Department  20 Investors, UC
2. This limited liability company was organize	ed under the laws of:
3. The Florida document/registration number	of this limited liability company is:
4. I, WAYTEN Hickernell JR. (Print Name of Person Resigning)	, hereby resign as a <u>Managing Member</u> (Print Title)
of this limited liability company and affirm resignation in writing.  Signature of Resigning Member, Managing	the limited liability company has been notified of my  Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	SECRETARY OF STA

CR2E079 (5/06)