

L05000097748

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DIVISION OF CORPORATIONS  
06 MAY 18 AM 10:15

RT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DARK ISLAND LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SKIP PIENCE  
(Name of Person)

DARK ISLAND LLC  
(Firm/Company)

111 BOANWALK PLACE W  
(Address)

MADENA BEACH, FL 33708  
(City/State and Zip Code)

For further information concerning this matter, please call:

B.R. SANDERS at (727) 398-8070  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 18 AM 10:55

I, SKIP PIERCE, hereby resign as MGR  
(Title)

of DARK ISLAND LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

X SKIP PIERCE  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314