05000098696

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

Office Use Only



600068713666



03/28/06--01031--007 **25.00

7006 MAR 28 PM 4: 49

JIVINION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 3 1 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Thompson and Williams Mortga (Name of Limit	ge Center of Florida, LLc ted 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 n	natter to the following:
Francis Williams	
(Name of Person)	
	ZIBIG MAR 28 PM 4:49 DIVILION OF CORPORATION TALLAHASSEE, FLORID
(Firm/Company)	
(A min company)	: 星夏里
1904 Woodhaven Circle, Apartment 10	ASSO CE
(Address)	篇 3 0
	TR.
Rockledge, Florida 32901 32955	
(City/State and Zip Code)	Property of the second
For further information concerning this matter, ple	ease call:
Francis Williams	221 446 6462
	at (321) 446-6462 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	\$55 Filing Fee &
▲ ФСЭ Lums r.ec	Certified Conv

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Francis Williams	, hereby resign as Managing Member
	(Title)
of Thompson and Williams Mortgage Center of Florida	a, LLc
(Limited Liabilit	ty Company)
a limited liability company organized under the law	vs of the State of Florida
and affirm that the limited liability company has be	en notified in writing of the resignation.
State	
(Signature of resigning manager, r	nanaging 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