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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: (Name of Limited Liability Company)

Dear Sir or Madam:

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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:

(Namelof Person) (Firm/Company) Address) (City/State and Zip Code)

P 1:02

For further information concerning this matter, please call:

(Name of Pers (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

Member <u>NK</u> (Title) hereby resign as \_\_\_/// Ĭ, of Limited Liability Company) a limited liability company organized under the laws of the State of HORID

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

(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

CR2E079 (8/05)

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