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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: MARC F. OATES, P.A. Account Name

Account Number : I20060000013 Phone : (239)598-1136

Fax Number .: (239)598-4272

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

58

FOUNTAIN COURT VENTURE, LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FOUNTAIN COURT (Name of Limite	VENTURE, LLC d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Marc F. Oates, Esq.	· · · · · · · · · · · · · · · · · · ·
(Contact Person)	
Marc F. Oates, P.A.	
5515 Bryson Drive, Suite 502	
Naples, Florida 34109 (City/State and Zip Code)	,
For further information concerning this matter,	please call:
	. 239 <u>598-1136</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2B079 (5/06)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Gopinath Sunil	, hereby resign as Member and Managing Membe
	(Title)
of Fountain Court Venture, LLC	
(Limited Liabil	ity Company)
a limited liability company organized under the la	ws of the State of Florida ,
and affirm that the limited liability company has b	een 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

ARY OF STATASSEE FLORI

CR2E079 (8/05)

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