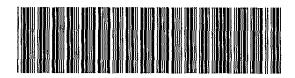
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Office Use Only



January 5, 2006

JAY CULBERTH 1200 SOUTH MARSH CIRCLE PONTE VEDRA BEACH, FL 32082

SUBJECT: CONCH HOUSE OPERATIONS, LLC

Ref. Number: L05000111172

We have received your document for CONCH HOUSE OPERATIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong filing forms.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 306A00000758

Neysa Culligan Document Specialist

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: CONCH HOUSE OFFER	RATIONS, LUC	
DOCUMENT NUMBER:		
JAY CULBERTH		
(Name of Contact Person)		
(Firm/Compar	ny)	
1200 Soult Marsh (Address)	Cincle_	
(Address)		
Ponte Vedra Beach, FL, \$2082 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
at ((Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certific	S Filing Fee & S \$2.50 Filing Fee, ed Copy Certificate of Status & onal copy is Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JAY CULBERTH	, hereby resign as(Title)
of <u>Cower House OperATIO</u> (Limited	W5,21, 105000 /// 72. Liability Company)
a limited liability company organized under t	he laws of the State of Flonion,
and affirm that the limited liability company	has been notified in writing of the resignation.
(Signature of resigning mana	ager, 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

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