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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bear por of Highlands County We (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Ken leBlane (Contact Person)
(Contact Person)
Bear Run of Highlands Co. We (Firm/Company)
599 Sonset Pointe Dr. (Address)
Lake Placial Fr 33852 (City/State and Zip Code)
For further information concerning this matter, please call:
Cer LeBlanc at (863)6/0-2202 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it a		
2. This limited liabili	ity company was organized ur	nder the laws of:	
	nent/registration number of th	is limited liability com	ipany is:
of this limited liabi	me of Person Resigning) lity company and affirm the li		(Print Title)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		***