105000119390

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
3/17 men les		
' '		
2is+data		

Office Use Only

M. HODGES



200067966822

03/17/06--01025--025 **55.00

COVER LETTER

Division of Corporations	
SUBJECT: Saagroje Ivrige (Name of Limited Li	ation LLC ability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Mem	ber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Evan Dickson (Name of Person)	
(Firm/Company)	
P.O. Box 4933 (Address)	
Santa Rosa Beach, Fr (City/State and Zip Code)	- 32459
For further information concerning this matter, please	call:
Catherine Dicleson at (A)	350 231 - 6333 Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Evan H. Dickson, hereby resign as owner I manager
of Seagrose Irrigation LLC (Limited Liability Company)
a limited liability company organized under the laws of the State of <u>Florida</u> , 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

06 Min 17 PH Ling

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314