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SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

APR 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINNISH LINE, LLC
(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:

GARY HAGEN
(Contact Person)

FINNISH LINE, LLC
(Firm/Company)

389 S.: CO'CONUT PALM BLVD.

TAVERNIER FL 33070

For further information concerning this matter, please call:

GARY HAGEN at (305) 942 3749

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
\$\forall \$\$ \$25\$ Filing Fee \$\text{Certified Copy}\$\$

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

CR2E079 (5/06)

SECRETARY OF STATE OF SECRETARY OF CORPORATIONS
018 APR 29 PM 1: 15



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is:	FINNISH	LINE	, LLC		_·
2. This limited liab		organized und	er the laws of:		08 APR 29 PH 1:
	ument/registration		limited liability comp	pany is:	PH 1: 15
4. I, WARRE	EN Joita lame of Person Resign	usow	, hereby resign as a _	MGRM (Print Title)	<i>ப</i> -
of this limited lia resignation in wr	bility company and	d affirm the lim	ited liability compan	y has been notified of n	ny
Filing Fee: Certified Copy:	\$25.00 (Requires) \$30.00 (Option	•			