

(Re	equestor's Name)	
(Ac	ddress)	,
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	:
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G. MCLEOD

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EXAMINER



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12 NOV -5 PM 3: 12
SECRETARY OF STATE
ALLAHASSEE, FLORIU

COVER LETTER

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· TO:

CR2E079 (5/06)

Registration Section

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Division of Corporations	
SUBJECT: Skipping Rock Isl	
(Name of	Limited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
Anne Hinds	
(Contact Person)	
(Firm/Company)	
755 Hibiscus Street	
(Address)	
Boca Raton, Florida 3348	6
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
William Tunkey	at (305) 858-9550
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole 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	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	·



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li	mited liability company as it	t appears on the records of the	ne Florida	Departm	ent
of State is: Sl	kipping Rock Island, L	LC	·	<u>-</u>	_·
2. This limited liabil State of Flori	ity company was organized ι Lda	under the laws of:	[ALLAHÁS	12 NOV -5	Handle See
3. The Florida docum	nent/registration number of t	his limited liability compan	L-1-1	5 PH	
L05000120607	7	·	0.14	: SI 4:	-
4. I, William R.	Tunkey	, hereby resign as aman	aging me	mber	
	ne of Person Resigning) Lity company and affirm the ng.	limited liability company ha	(Print Ti s been not	•	ny
Wit	- len				
Signature of Resign	ning Member, Mahaging Me	nuber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required)				
Cordined Copy.	\$30.00 (Optional)				