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13 SEP -3 AM 8: 43

9-5-13

COVER LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: DOUBLE CROWN, (Name of Limited I	uc
(Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
CANTHIA ADAMS (Contact Person)	
(Contact Person)	
DOUBLE CROWN, UC (Firm/Company)	
(Firm/Company)	
140 PLANTATION DRIVE (Address)	
(Address)	
TAVERNIER, FL 33070	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
CYNTHIA ADAMS at	(305) 360-2419
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
□ \$25 Filing Fee	, <u>.</u>
	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

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
13 SEP -3 AM 8: 43

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

	limited liability company as	s it appears on the records	of the Florida Department
of State is	70 914 (100010 1000		 •
2. This limited liab	pility company was organized	d under the laws of:	
THESTA	ITE OF FLORIDA	 ·	
3. The Florida doc	ument/registration number o	f this limited liability com	ipany is:
40500	00172012	·	
4. I, Print N	FR AUNA Name of Person Resigning)	, hereby resign as a	Managing Man Sel
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability compar	ny has been notified of my
Signature of Resi	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		