# L05000122014

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
·				
Special Instructions to Filing Officer.				
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SECREIS IT STATE
SECREIS IT STATE
FLORIDA

COVER LETTER					
TO: Registration Se Division of Co		-			
SUBJECT: Centerla					
	(Name of Limi	ted Liability Con	ipany)		
Dear Sir or Madam:					
The enclosed Resignati	on of Member, Managing	Member or M	anager and fee(s) are submitted	for filing.	
Please return all corresp	condence concerning this r	natter to the fo	llowing:		
Robert L. Beals, Es			_		
	(Name of Person)		_		
Robert L. Beals, P.A			~		
	(Firm/Company)				
730 East Strawbridg			_		
	(Address)				
Melbourne, FL 32			<del></del>		
(C	ity/State and Zip Code)				
For further information concerning this matter, please call:					
Robert L. Beals, E	sq.	at ( 321	733-7999		
(Name	of Person)		& Daytime Telephone Number	)	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 323	ns Cirole	er.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for	the following amount:				
☐\$25 CR2E079 (8/05)	Filing Fee	\$	55 Filing Fee & Certified Copy		



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

r Benjamin E. Jefferies	, hereby resign as Managing Member		
	(Title)		
of Centerlane Holdings, LLC			
(Limite	d Liability Company)		
a limited liability company organized under	the laws of the State of Florida		
and affirm that the limited liability company	has been notified in writing of the resignation.		
BIA			
(Signature of resigning man	nager, managing member or member)		

### FILING FEE IS \$25.00

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

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