L040000000161

(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:					

Office Use Only



900248956839

06/25/13--01022--002 **165.00

3MIC 49 AND 14035 3MIC 49 AND 14035 50711 C 40 AND 14035

JUN 26 2013

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT:				
	(Name of L	imited Liability Cor	mpany)		
The e	nclosed member, managing member of	or manager resig	gnation and fee(s) are su	ıbmitted	for
Please	e return all correspondence concernin	g this matter to:			
Kry	stal Myers				
	(Contact Person)	 -	_		
	(Firm/Company)		_		
80	1 N. Orange Ave., #8	330			
	(Address)		_		
Orl	ando, FL 32801				<u> </u>
	(City/State and Zip Code)		_) 湯順 25
For fu	urther information concerning this ma	tter, please call:		90 (<u>11)</u> 40 (11) 10 (11) 11 (11)	
Kry	stal Myers	_ _{at (} 407	579-3338 & Daytime Telephone N	70 10	PH 12:
	(Name of Contact Person)	(Area Code	& Daytime Telephone N	lumber)	22
Enclo	sed please find a check made payable \$25 Filing Fee		\$55 Filing Fee &		
			Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	nassee, Florida 32301		rananassee, Fiorida 3.	4314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as rd Barber, LLC	it appears on the records of the	: Florida Department
2. This limited liab Florida	ility company was organized	i under the laws of:	
3. The Florida doci	•	f this limited liability company	is:
4. I. Jacqui Ruxton		hereby resign as a Man	aging Member
	ame of Person Resigning)		(Print Title)
resignation in wr		e limited liability company has	been notified of my
Signature of Resi	gning Member, Managing N	Member or Manager	•
Filing Fee:	\$25.00 (Required)	•	
Certified Copy:	\$30.00 (Optional)		
CR2E079 (5/06)			

**** 25 FM 2: 22