## 100000004139

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300236911703

07/05/12--01005--019 \*\*25.00



D. BRUCE

JUL 0 9 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Resignation of Managing Member (Name of Limited Liability Com	
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Julia Meadows	
(Contact Person)	
5759 17th ave N.	
St. Petersburg FL 33710 (Address)	JU -5 /
(City/State and Zip Code)	Mie 17
For further information concerning this matter, please call:	
Julia Meadows (Name of Contact Person)  at (727 (Area Code of	773=6363 490-8564 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$\$	Department of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 Lofts #4, LLC	it appears on the records of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:
3. The Florida doc L06000004	•	f this limited liability company is:
·	bility company and affirm th	, hereby resign as a Managing Member (Print Title)  ne limited liability company has been notified of my
	Tomus G. Le igning Member, Managing M	
	\$25.00 (Required) \$30.00 (Optional)	ALL MARKET

CR2E079 (5/06)