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JODO NOV 25 A ID: 42
SECRETARY OF STATE

T. HAMPTON

NOV 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BENTWOOD ESTATES,	LLC Liability Company)
(Name of Limited	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
TYLER A. GOLD, ESQ.	
(Contact Person)	
TYLER A. GOLD, P.A.	
(Firm/Company)	
1000 S. PINE ISLAND RD., #310	
(Address)	
PLANTATION, FL 33324	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
TYLER A. GOLD, ESQ. at	954 565-5577
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	••
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building	
2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the of State is:	limited liability company as BENTWOOD ESTATES		of the Florida Departme	nt .·
	lity company was organized E OF FLORIDA	under the laws of:		
3. The Florida docu	ment/registration number of 4399	this limited liability com	npany is:	
4. I, ARACELL	BROWN	, hereby resign as a	MGRM/MGR	
	ame of Person Resigning)		(Print Title)	•
of this limited lial resignation in writer	oility company and affirm the ting.	e limited liability compar	=======================================	ıy
Signature of Resi	gning Member, Managing M	lember or Manager	NUO NOV 25 SECRETARY	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		S A 10: 42. YOF STATE	
CR2E079 (5/06)				