LNW0009519

(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



400122285794

04/07/08--01022--025 **55.00

08 APR -7 PM 1:59
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 07 2808

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: College Park Pointe, LLC	
(Name of Limited Liability C	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
Rosemary Hayes, Esq.	
(Contact Person)	
Hayes & Caraballo, PL	SE SE SE
(Firm/Company)	APR -7
830 Lucerne Terrace	
(Address)	E O R
Orlando, FL 32801	PM 1:50
(City/State and Zip Code)	DA 99
For further information concerning this matter, please cal	1:
Rosemary Hayes, Esq. at (407	649-9974 ext. 214 de & Daytime Telephone Number)
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & 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 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 limited liability company as it a of State is: College Park Pointe, LLC	ppears on the records	of the Flor	rida Dep	artme	:nt _·
2. This limited liability company was organized un Florida	der the laws of: 		SEGRETARY	08 APR -7	
3. The Florida document/registration number of thi L06000009519	s limited liability con	npany is:	C OF STATE	PH 1:59	
_{4. I.} Charles McNulty	_, hereby resign as a	Manage	r/Mer	nber	•
(Print Name of Person Resigning)	_, nerooy resign as a	(Prin	t Title)		•
of this limited liability company and affirm the lir resignation in writing.	nited liability compar	ny has been	notified	i of m	ÿ
July Day					
Signature of Resigning Member, Managing Mem	ber or Manager				

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)