## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PHOENIX LAW PARTNERS, P.A.

Account Number : 120030000088 : (239)461-0024 Phone

Fax Number : (239)461-0083

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### **GULF HIDEAWAY AT BONITA LLC**

Certificate of Status Certified Copy 0 02 Page Count \$25.00 Estimated Charge

T. CLINE

MAY 1 3 2008

**EXAMINER** 

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10/0/ó 5/9/2008

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### **COVER LETTER**

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TO: Registration Section	
Division of Corporations	
SUBJECT: Gulf Hideaway at Bonita LLC	
(Name of Limited Liability 6	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Deborah Miller	7.5 20
(Contact Person)	
	AR AY
Phoenix Law PA	ASS TO
(Firm/Company)	2008 MAY 12 AM 8: 09 SECRETARY OF STATE TALLAHASSEE FLORID
12800 University Drive, Suite 260	77.0
(Address)	— [GF 8: 6
• ,	
Fort Myers, Florida 33907	,
(City/State and Zip Code)	man artiflue.
For further information concerning this matter, please ca	il:
Deborah Miller at ( 239	) 461-0101
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	a Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u>•</u>	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 32314
Tallahassee, Florida 32301	
CR 7 FATO (5/A6)	

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#### 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	ppears on the records of the Flo	rida Department
of State is: Gu	lf Hideaway at Bonita LL	.C	•
2. This limited liab	ility company was organized und	der the laws of: 	2008 HAY 12 SECRETAR)
3. The Florida doct 	ument/registration number of this 9672	s limited liability company is:	FOR A
4. I, Charles PT Phoenix		, hereby resign as a Manager STATE 09	
(Print N	ame of Person Resigning)	(Pri	nt Title)
of this limited lial resignation in wr	bility company and affirm the lin iting.	nited liability company has been	notified of my
Signature of Resi	gning Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
CR2E079 (5/06)			