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(Re	questor's Name)			
(Ad	dress)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 301 SOUTH, LLC (Name of Limited I	iability Company)
(Name of Emitted)	Elability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Paul D. Newell	
(Contact Person)	
Paul D. Newell, P.A.	
(Firm/Company)	
P.O. Box 1369	
(Address)	
Keystone Heights, FL 32656-13	69
For further information concerning this matter, p	olease call:
Paul D. Newell	, 352 ₎ 473-4928
The second secon	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Flor <u>ida</u> Department of State for:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, fiorida 32314

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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 it SOUTH, LLC	appears on the records	s of the Florida Department
2. This limited liab Florida	ility company was organized u	ander the laws of:	
3. The Florida docu 	iment/registration number of t	his limited liability con	npany is:
4. I, Paul D. N	lewell	, hereby resign as a	Managing Member
of this limited had resignation in wr	ame of Person Resigning) Dility company and affirm the liting. Managing Member, Managing Me		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		