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PICK-UP	☐ WAIT	MAIL	
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(Bu	isiness Entity Nam	ne)	
(Do	cument Number)		
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Certified Copies	Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:		
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TROUT CREEK OF BREVARD (Name of Limit	, LLC ted Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
	•
CURTIS R. MOSLEY, ESQUI	RE
(Name of Person)	
MOSLEY & WALLIS, P.A.	
(Firm/Company)	
1221 EAST NEW HAVEN AVENUE, P.O.	BOX 1210
(Address)	
MELBOURNE, FL 32902-121	0
(City/State and Zip Code)	•
For further information concerning this matter, ple	ease call:
CURTIS R. MOSLEY	at (_321)_984-3842
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JAMES T HANNON	, hereby resign as MANAGING	y resign as MANAGING MEMBER	
	(Title		
$_{ m of}$ TROUT CREEK OF BREVARD, LLC			
(Limited Liab	ility Company)	/	
a limited liability company organized under the l	aws of the State of FLORIDA		
and affirm that the limited liability company has	been notified in writing of the resig	gnation.	
(Signature of resigning manager	, managing member or member)	06 JUN -7 AMII: 47 SECRETAKY OF STATE TALLAHASSEE, FLORID	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314