106000016155	
(Requestor's Name) (Address)	800098888868
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	04/27/0701014016 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

ladares (Name of Corporation) SUBJECT:

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for Fling.

on Tuttle (Name of Person)

(Name of Firm/Company)

CO. Kenned (Address)

H. Landerdale FL 33304 <u>15 TH Ave Ste</u> (City/State and Zip Code) *4

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For further information concerning this matter, please call:

780) 922 3340 (Area Code & Daytime Telephone Number) at (

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2007

RON TUTTLE 828 NE 15THE AVE. STE #4 FT. LAUDERDALE, FL 33304

SUBJECT: SALADACRES, LLC Ref. Number: L06000016155 2001 JUL 11 A 11: 22 SECRETARY OF STATE

We have received your document for SALADACRES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 607A00030982

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

03/02/1995 00:01 7809223340 RF TUTTLE PAGE 02 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 ligbility company as it appears on the records of the Florida Department Saladaires LLG of State is: _____ 2. This lighted liability company was organized under the laws of. Florida 3. The Florida document/registration number of this limited liability company is: Þ ≓: LO6000016155 Anne of Person Resigning), hereby resign as a Mana N of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) CR2E079 (5)06)