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(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 25 PM 1:

COVER LETTER

TO: Registration Section

Division of Corporations

(Name of Limited Liability

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 matter to the following:

(Firm/Company)

For further information concerning this matter, please call:

(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 Fallahassee, Florida 32314

Enclosed is a check for the following amount:

125 Filing Fee

S55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

government of the control of the con		•	
1, John A. Dixon hereby resign as Mgr.	· · · · ·		•
of Dixon Enterorises of Florida LLC			
(Limited Liability Company)		•	
a limited liability company organized under the laws of the State of Flori de	<u> </u>	<u>.</u> ر	
and affirm that the limited liability company has been notified in writing of the resignat	ion AFG	ìr 90	
	RETAR HASS	JL 25	77
John Cir Digor	H H Y	19	6
(Signature of resigning manager, managing member or member)	LON	-	-
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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

CR2E079 (8/05)