

L060000019888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

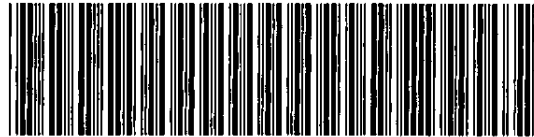
Special Instructions to Filing Officer:

A. LUNT

MAY 23 2008

EXAMINER

Office Use Only



000129922280

05/21/08--01016--005 **25.00

FILED
2008 MAY 22 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINEDTIM LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EDWARD L DYKEMAN

(Contact Person)

LINEDTIM LLC

(Firm/Company)

1306 SW 74TH AVENUE

(Address)

NORTH LAUDERDALE/FLORIDA/33068

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD L DYKEMAN

(Name of Contact Person)

at (954) 721-5938

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

2000 MAY 22 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

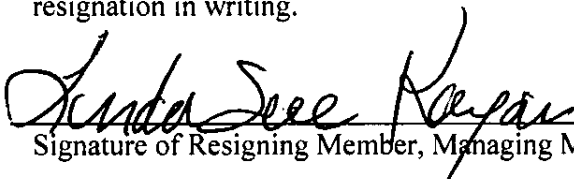
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LINEDTIM LLC

2. This limited liability company was organized under the laws of:
Sections 608.401-608.705 - "Florida Limited Liability Company"

3. The Florida document/registration number of this limited liability company is
L0600019888

4. I, LINDA SUE KAYSER, hereby resign as a MEMBER
(Print Name of Person Resigning) *(Print Title)*

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)

FILED
2008 MAY 22 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA