L00000022805

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	∋ #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



900131642739

06/25/08--01011--024 **55.00

DIVISION OF CORPORATION
OR JUN 25 PM 1: 52

J. BRYAN

JUN 2 6 2008

EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations	
SUBJECT: THOMPSON & BUCKLES	5 LLC
(substity 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:
JOHN DAUID THOMPSON (Contact Person)	
	J
THOMPSON & BUCKLES LLC (Firm/Company)	
558 WEST PENTEL ROP	D
PALATKA, FL 32177 (City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
TOHN DAVID THOMPSON at ((Name of Contact Person)	386 328-3189 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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 reco	rds of the Florida De	partme	nt
of State is:	THOMPSON & BUCKLES LLC			- •
2. This limited liab	ility company was organized under the laws of:			
	ument/registration number of this limited liability of the control	company is:		
4. I, <u>ADAM</u>	[ame of Person Resigning], hereby resign a	s a MGRM (Print Title)	·····	-
of this limited lia resignation in wr	bility company and affirm the limited liability comiting.	pany has been notific	ed of m	ıy
Adn	Thorsan		MUL 80	DIVISION
Signature of Res	gning Member, Managing Member or Manager		25	OF CO
Filing Fee:	•		PH I:	OF STAT
Certified Copy:	\$30.00 (Optional)		υ Cù	S